

THE ALKALOIDAL CLINIC

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LOOKING BACKWARD: A CRITICISM ANSWERED.

THE following letter gives us a moment of thought and the pleasure of retrospecting the course over which we have traveled the past twenty-five years, during which, from the gate of the farm to this morning at 5 a. m., we have done with our might what our hands (and head) found to do—laboring, both in preparation for and in professional life as few are willing to toil, for success. Thinking that perhaps good Dr. Howle voices a sentiment that may be more general than we suppose, I am setting aside other valuable matter to give the space and have asked my helpers to answer our critic.

DR. W. C. ABBOTT.

"THE BRIEF" AND THE "CLINIC."

Through the courtesy of the editors and their friends, I have had the privilege of reading the August number of *The Brief*, and the July number of the *CLINIC*. The following remarks indicate some of the impressions I received from reading said journals: The first impression is that Drs. Lawrence and Abbott are "on to their job"; the next idea or rather query is: How ("on earth") did these

two men learn the use of such a variety of remedies? Each of them point out the indication of remedies by the hundred (perhaps by the thousand). Third: When did they have the time and opportunity to investigate so many remedies?

If I mistake not, it requires considerable time and talent to learn the exact use of any remedy (single), but these men seem to be able to tell what effect a remedy will have, not simply when given alone, but when given in combination with several other remedies and also while some half-dozen other and different combinations are being given.

The Brief man seemingly has accomplished this wonderful task and at the same time edited *The Brief*, taken care of his millions and written enough editorial matter to fill any doctor's library twice and over full. Hence the query: How did he do it?

The *CLINIC* man edits the journal and writes enough editorials to keep the average man busy two weeks of the four weeks of each month. And these men attend to the correspondence incident to the heavy business advertising they do, answer private letters (by the thousand) and yet know more therapeutics than any professor in a medical college who has nothing to attend to outside of his chair. I don't understand it.

Another curious thing to me is, how *The Brief* man can attend to so many things medical, and yet know and teach politics and religion. I tell you, when you begin to sum the matter up, it is not only wonderful, but "passing strange."

The next thought is the wonderful insight some of *The Brief* contributors have in occult—(I do not know exactly what suffix to add—*ness* perhaps would do). The knowing of the unknowable and the ability displayed in explaining the unexplainable. It is mighty "inter-esten readen," but somehow I do not feel instructed after perusal. I feel somewhat lonesome when I contemplate how much some people know and how little I have learned. I am trying to learn—I have on my table the *Journal of the American Medical Association*, *The New York Medical Record*, *The Medical World*, *The American Journal of Surgery and Gynecology*, *The New York Medical Critic*, *The St. Louis Medical Era* and *The Medical Summary*. And in my bookcase the *International Clinics* and other periodicals too tedious to mention, and I read most of my leisure time, of which I have a great deal.

I imagine that the first-named journal contains the best thoughts of the leading medical men here and abroad. I do my best to analyze and utilize what I read—but I must have learned slowly to have fallen so far in the rear. I do not know the use of—and indication for—a hundred different remedies by actual experience. I have given, at the suggestion of others, perhaps five hundred different remedies, but when I look over my prescriptions I find I am not using fifty different remedies, and it is more than likely that twenty remedies would fill the majority of my prescriptions.

These twenty I have, as I think, well in hand and can use them with some degree of certainty of effect. And how Drs. Lawrence and Abbott can know, as they seem to know, the indications and use of remedies by the thousand, is entirely beyond my comprehension. To my mind a man must administer a remedy

many times for a certain effect and weigh the testimony often before he can be assured that it will produce certain results under certain conditions.

There are so many contingencies in the therapeusis of any remedy that I am somewhat skeptical as to the certainty of effect that can be ascribed to a combination containing a half-dozen or more ingredients.

The Brief man writes fluently on political economy, cannot be turned down on religion, understands finance and to make a long story short, Brother Lawrence is simply "it." Brother Abbott has not reached quite so high, but that he is on the road to success cannot be doubted by those who read the *CLINIC*.

W. P. HOWLE, M. D.

Charleston, Mo.

The writer of the above letter is evidently a man of considerable acumen, and yet like the "Warrior of Prague," he has a blind side and is not formidable thereon. While he apparently compliments the editors of *The Brief* and the *CLINIC*, there is an underlying touch of sarcasm which proves most conclusively that he considers that one man may do too many things, even though he does them all well!

Now the doctor's point of view is wrong; that is all the trouble. "The *CLINIC*" and "Dr. Abbott" have become synonymous; there was a time, when, as our critic states, Dr. Abbott wrote all of the editorial matter of the *CLINIC*. At the same time he answered all the letters, gave all the advice as to the use of remedies, and conducted not only his business but a large practice besides.

Some men can do many things and do them without trouble, and Dr. Abbott is one of them, but when the *CLINIC* grew to what the *CLINIC* is today, it became a physical impossibility for any one man



Germany will make a complete medical exhibit at the St. Louis World's Fair; with all appliances used to illustrate lectures.

Now is the time to begin salting away a fiver every week, for the trip to the St. Louis World's Fair next year.

to "write or edit its matter." Just as with many other large publication or large enterprise which has an individuality, the general tone is given by one master mind; but the detail—the writing—even the editing to a great extent—is entrusted to others who have the faculty of seizing their chief's ideas and carrying them out. By constant association certain men can judge what their leader would do under a given circumstance, and it is done, and done moreover in such a way that it is really the work of the chief himself, inasmuch as it embodies his well-known thought and ideas.

If our critic could be present at one of our staff meetings on a Tuesday morning and listen as the black heads and the gray heads discuss the work done and the work to do, he would readily understand how the CLINIC remains an Abbott journal and at the same time he would learn how one man may do ten men's work—with their assistance.

Our critic cannot understand how it is possible for the CLINIC (for we shall leave *The Brief* to explain its own wonders) to tell its readers the "indications for several hundred remedies."

Just as soon as the doctor realizes that the Abbott of the CLINIC is not merely one man but an aggregation of minds, "Abbottized," so to speak, he will cease to wonder. Then, if he will remember that to the CLINIC, day after day, for years, have poured in the reports of trials of various remedies; that to it have come thousands of accounts of disease met and vanquished under varying conditions, he will understand that it is not the individual "Abbott" who seeks to dictate what shall or shall not be done, but the great voice of the profession itself, telling some inquiring and uncer-

tain member what has been done before, and therefore what should be done again.

No one man could begin to test and give a final opinion as to the merits of "hundreds of remedies," and certainly Dr. Abbott would be the last one to attempt to do so; but when one asks, the hundred yield up their experience with the subject under consideration; and, tinged with our personal experience, we give it you.

Briefly, the CLINIC is a huge information bureau, to which comes knowledge of all kinds. This is stored away, and when some remedy is asked about or wanted, the editors search the records and from the garnered experience of thousands of practitioners they offer suggestions or deliver a verdict.

Of course the editors have their say—funny if they didn't—and generally there are discordant views to be harmonized by comparing the diverse conditions from which reports emanate. A Southern doctor may seem to exaggerate the value of quinine, or a city man that of tonics; and we learn to comprehend that the celebrated differences of doctors have their meaning, and are explicable like other phenomena. Each of the blind men appreciated a part of the elephant, and the correlation of their appreciations would have afforded a very fair idea of the entire animal. And this emphasizes the need we have of reports. If you, dear reader, have tried a suggestion appearing in the journal and found it good, or bad, you are equally obligated to let the brethren, through us, know of it. If one man fails with what another finds good, there is a reason, and it should be detected. The circumstances that make for success must be clearly seen. And



Just add five dollars to every bill the patient can afford to have increased, as a fund for a visit to St. Louis fair.

Epistaxis: Insert a condom in the nostril and then dilate it till it closes the bleeding vessels by compression.

the more we do this the nearer we approximate to the absolute truth.

That the CLINIC bears the "Abbott mark" so plainly, simply goes to show that its Editor-in-Chief is, as the correspondent says, "on to his job." That the whole matter may be more thoroughly understood, let the gentleman compare Dr. Abbott's experiences with those of the chief-of-staff of one of the largest hospitals. Which man sees and hears the most? At the end of five years which man should be able to treat most diseases with success? And when this chief-of-staff has his personal work supplemented by that of a picked staff, the results are known far and wide as those obtained by the institution. The work done there is not all his, that would be as impossible as for a general to fight the enemy's army single-handed, but he directs and controls; and as the head is, so will the work be.

Now does our critic understand "how it is done?"

DR. W. F. WAUGH.

Six great curses of the age: Corsets, sexual ignorance, muscular inactivity, over-eating, alcohol, tobacco.—*Physical Culture*.

WE'RE AFLOAT.

By the time this copy of the CLINIC is in your hands the writer expects to be afloat for a long voyage "on the raging canawl."

Many things combine to render this long-projected trip advisable at this particular time. The development of the alkaloidal method has been pushed journalistically to the limit of that line of action. The usefulness of the method is comprehended by the great body of

American practitioners. What they now demand is more light, more definite information on the materia medica, more comprehensive and accurate details as to the true effects, physiologic and therapeutic, of the active principles, that will guide the practitioner to their scientific application. Much of this material exists but is scattered through many books and journals, in many tongues. The first duty before us is the completion of the great work on Alkaloidal Therapeutics for which we have been for years collecting materials. Then comes a series of books on practice, hygiene, diet, etc., which are in various stages of completion.

Why not do them at home? Simply because detail work and very many interruptions, render it impossible. Repeated trial has proved that our working ability as to the quantity and value of the output is much greater when a certain degree of seclusion is obtained, than when subject to the unavoidable interruptions of home. The materials have been collected and selected; what remains is the task of running them off the pen ready for the press. But this absolutely requires long hours undisturbed by any interruption that interferes with the flow of thought. Recently we tried to write a paper; in the afternoon there were twenty calls to the telephone or the door! Could any man turn out work good enough to print under such circumstances?

Here is the plan: We have purchased a houseboat and a gasoline cutter. We leave Chicago about Oct. 1 by the Drainage Canal, the Illinois River and the Mississippi, and float down to the mouth of Red River. Then we strike off into the Atchafalaya and Grand Lake,

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Alcohol stupes are advised in peritonitis, pleurisy and arthritis. Be sure it is limited to the outside.

Real Christian Science: California says there has been no plague there, but the U. S. M. H. has a belief in 98 cases.

making our headquarters at Morgan City, and descending to the Gulf Coast, where the weather is warm and the fishing good, thereafter being ruled by these considerations.

When the back begins to ache from the typewriter, we shall sandwich in an hour with the rod. CLINIC material will be forwarded as usual, and the long solitary hours be transmuted into more permanent productions. Not altogether solitary, for the family accompany us. The good houseboat, Dainty — (named after the best of wives, for whose health this particular trip at this particular time is largely projected)—will contain a family of six, with every convenience of civilized life; with ample protection from wild animals, especially mosquitoes. With distilled water, screens, quinidine and calcium sulphide, we hope to show that Louisiana is the ideal winter home for weak-lunged wives—like ours.

No hurry. We join our boat at Joliet to avoid the *Bouquet de Stockyards* of the upper canal; dawdle along, stopping at Peoria, St. Louis, Memphis, Vicksburg, wherever we choose; solely seeking to keep a little ahead of the cold weather. Possibly the month of October will be spent in reaching St. Louis; that of November take us to the Louisiana line, and December 15 see us at Morgan City. Six months of this life and the work will be done; when we hope to welcome our friends at the old home again. And we well know that many a CLINIC reader will join in the hope that the roses will return to the wife's pale face, and the weak lungs gather strength in her native state.

It is impossible to give an exact itinerary of the trip, as we desire to be free to go fast or slow, stop or proceed, accord-

ing to circumstances; but we shall make the following stops on approximately these dates, sending all mail to Chicago in care of the CLINIC.

Joliet,	Oct. 1.	Cairo,	23.
Lasalle	3.	New Madrid,	24.
Henry	5.	Hickman,	25.
Peoria,	7.	Randolph,	26.
Havana,	8.	Memphis,	27 to 31.
La Grange,	9.	Helena,	Nov. 1.
Kampsville,	10.	Terrene,	3.
Grafton,	11.	Greenville,	6.
St. Louis,	12 to 20.	Vicksburg,	10.
St. Genevieve,	21.	Natchez,	15.
Cape Girardeau,	22.	Red River.	20.

Error is destroyed not by the flashes of disputants, but by the serene light diffused by sincere minds.

MONEY FOR QUACKS.

We are in receipt of a letter from the dean of the medical department of one of our state universities voicing such encouraging sentiments that we cannot refrain from quoting it in this department. We do this in the hope that it will be helpful to others as well as to ourselves:

"In my awfully busy life (like your own), I pause just long enough to drop you a few brief lines.

"I wish particularly, and with emphasis, to congratulate you on your editorial, in the August CLINIC, 'Money for Ouacks!' That is the kind of 'goods' that I give my students, annually; urging them to look carefully to the monetary side of their work, pay their own debts, and transact business like business men in a business way.

"I try to make them honest by helping them to comprehend the actualities of their lives, their duties, first to themselves, then to the world. I most heartily agree with you in your strictures upon our professional hypocrisy in deceiving ourselves (until we really believe it),

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A daily medical journal is announced in New York. The first number is announced for October 1st.

There may be too many who call themselves physicians, but the real physician is and always will be scarce.

that we are in duty bound to serve everybody and everything, without giving thought even to subsequent compensation. You are correct in insisting that our falsity to ourselves, as a profession, is the root of dishonesty, ruin, and unhappiness for ourselves, and particularly our undeserving families, which suffer for our folly.

"Good! Lay on hard and persistently! And, doctor, cordially, but in confidence (and for your own encouragement only), let me assert that you do actually get up just about the best medical periodical in the whole field, altogether aside from your alkalometry, too. I like your methods, your talks, and your publication. It is a 'dandy' and is giving you success simply because you *deserve* success."

As this is from a personal letter we withhold the signature, but if it were given it would make many of our friends smile with courage and many of our critics green with envy.

Do thy work with as little noise as possible, and when it is done, do not imitate the foolish hen whose cackle proclaims her achievement to the barnyard.

TRUTH TRITELY TOLD.

The following pronouncements were recently posted upon the walls of Paris, issued by the Investigation Council for Promoting the Public Welfare, and now displayed freely throughout the country:

"Alcoholism is the chronic poisoning resulting from the constant use of alcohol, even if this does not produce drunkenness.

"It is an error to say that alcohol is a necessity to the man who has to do hard work, or that it restores strength. The artificial stimulation which it produces soon gives way to exhaustion and nervous depression. Alcohol is good for nobody, but works harm to everybody.

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Only four medical colleges for women exclusively now exist. Our sisters wisely prefer the co-educational schools.

"Alcohol produces the most varied and fatal diseases of the stomach and liver, paralysis, dropsy and madness. It is one of the most frequent causes of tuberculosis.

"Lastly, it aggravates and enhances all acute diseases, typhus, pneumonia, erysipelas. These diseases only attack a sober man in a mild degree, while they quickly do away with the man who drinks alcohol.

"The sins of the parents against the laws of health visit their offspring. If the children survive the first months of their lives, they are threatened with imbecility or epilepsy, or death carries them away a little later by such diseases as meningitis or consumption.

"Alcoholism is one of the most terrible plagues to the individual health, the existence of the home and the prosperity of the nation."

This document was signed by the president of the medical faculty of Paris, by the chairman of the Institute of France, and by the medical director of the Hospital l'Hotel Dieu of Paris, experts who are perfectly aware of the importance of the declaration they are making on the subject of alcoholism and its effects.

No less important is the investigation made by a professor at Bonn University, who traced the posterity from one woman, who for forty years was a thief, a drunkard, and a tramp. She had 834 descendants. He traced 709 of them from youth to old age, and 105 of them were born out of wedlock, 142 were beggars, sixty-four lived on charity, 181 of the women lived disreputable lives, seventy-six were convicts, seven were murderers. The professor calculated that in seventy-five years they had cost the German authorities through prisons and law courts, etc., about £250,000. The *Daily Chronicle* recording this said that in the case of a tramp in the city workhouse it was estimated he had cost the ratepayer £1,500.—*Union Signal*.

There's nothing more expensive for

Of the four medical colleges for women still alive, one has 34 students, two 16 each, and one has 165; just 231 in all.

the nation or the individual and nothing which causes a tithe of the misery that is caused by the arch devil alcohol misapplied.

All depends on the believer, the knower, the doer. For nothing there is nothing; for nobody there is nobody.

ON THE WING.

We decided to try the lake trip this time, from Chicago to Mackinac Island, by the Goodrich steamer Georgia. The trip occupies a week, and costs \$25. Stops are made at Milwaukee, Manitowoc, Green Bay, Escanaba and Manistique on the way up, and at several places on the return. The steamer is steady, well-appointed, the service good, table all one could expect, the patrons decidedly of the better class.

Have such things as you are likely to need packed in a steamer trunk if a lady is in the party—a suit-case suffices for a man—either of which may be placed in the state-room. Include in the supply suits of thin and of thick underwear, for either may be needed. Have a cap that will not blow off easily, a shawl big enough to enwrap miladi when she reclines on the steamer chair on the upper deck, and such little personalities as a drinking-cup. Get your tickets early and if possible secure one of the state-rooms on the hurricane deck. They are well worth the small extra cost. When the meal tickets are issued be in line to get seats at the first table. Then you can get your meals, get on deck, and secure the best chairs and places while the late comers are at the table. At Manitowoc the first tables got through their supper and on deck before the steamer left the dock; the second tables

had to eat while under a swell that was not appetizing, and missed the scenery when leaving the port. It is a case where forewarning and a little "hustle" pay. Take a bicycle, and you can see the towns without the cost of a carriage, and at the same time get the exercise that a life on a ship otherwise misses.

A granule case helps to make the traveling doctor popular on board these vessels, which carry no surgeons. And don't forget a liberal supply of Saline Laxative. The writer always carries a well-filled hypodermic case and a pocket instrument case; but a thing that is more likely to be needed is a solution of Eucaine, and a magnifying glass to facilitate the removal of foreign bodies from the cornea. How the people take to the granules! If ever they "catch on" to the alkaloidal idea, there will be a popular demand for these agents that will discount that which gave homeopathy its great start.

How busy are these towns of Wisconsin and Michigan. When the timber begins to fall short they do not sit down and fall into decay, but start new enterprises. Not one of them could be called "decaying," like the old towns along the "National Road," or the canals that have been deserted. Bustle, hustle; these are active, energetic, intelligent Americans, of a class one likes to feel typical. At Green Bay we took aboard 900 boxes of canned vegetables from one local factory. The huge ore chutes at Escanaba give one some idea of the development of this great industry, and the application of modern mechanism to its handling. The steamer stops at each town long enough to allow the passengers to see the interesting points, even remaining at Manistique six hours to allow the visitor

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Blindness is said to have resulted from wood alcohol when used for a liniment and rubbed into the skin.

The use of precise and accurate measurements, the Alkalometric method, is spreading much faster than appears on the surface.

some hours of daylight, the arrival being at 4 a. m.

The writer will not attempt to do justice to the exquisite beauty of Mackinac Island. It is an ideal summer home, with its lovely surroundings, numerous historic places, and trips by boat to the fishing grounds at Les Cheneaux; the Sault Ste. Marie canal, with the greatest locks in the world, through which pours a stream of commerce without intermission, that excels that of the Suez Canal; St. Ignace, Mackinaw City, Cheboygan, etc. On the island are the old French fort, the earthworks thrown up by the British invaders in 1812, many beautiful palatial cottages, the summer homes of wealthy Chicagoans principally, lovely drives and walks. The summer population of the island is about 3,500, which in winter shrinks to one-tenth. Board can be had at all prices from \$5 a day down. We were well suited in every respect at the "New Mackinac," as to rooms, table, service, prices; especially including the waiters, whom we strongly suspect of being a bevy of pretty co-eds from some university, in disguise.

The principal occupation of tourists must be the purchase of souvenirs, judging by the number of shops for such goods. Among them is that of Happy Hill, which you must not miss if you visit Mackinac.

And lest we forget it, let us here caution the visitor to have his letters directed to Mackinac Island, else they may go to Mackinaw City, and leave him stranded, checkless, among a city of strangers.

The air is pure and bracing, cool enough during our visit to make the fires in the hotel parlors grateful—open grates with wood. It must be healthy, since there appear to be but two physicians

there, both of whom keep drugstores to eke out a living. We questioned an inhabitant and he seemed to think these two superfluous; said people never got sick, and as to babies the women were so used to them they never needed a doctor's assistance. Hay-fever never endures more than 24 hours there, and the same claim is made as to asthma; but alas! the little woman failed to experience the hoped relief, and we were compelled to cut short our stay and return to the greatest of cities. We have been east to the sea, west to the Rockies, north to the border, south to the great Creole city, and to many intermediate resorts; and as yet we have found no perfect climate, none that equals that of our own queen of the lakes.

As memory may be a paradise from which we cannot be driven, it may also be a hell from which we cannot escape.

GERMAN MEDICINE.

German medicine and German physicians stand at the head of the world—don't they? If you doubt it, ask any German doctor you meet; and he will tell you that the above is substantially correct. Or rather he will modify it by remarking that there is no room for comparison, because there are in fact no doctors except the German worthy of the name.

It is with a feeling of the greatest surprise, therefore, that we read in the daily press that the empire of Germany is overrun with more than a hundred thousand quacks—illegal practitioners of medicine!

Is it possible that the German regular is without honor in his own coun-

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Wherever you find a wide-awake, intelligent practitioner, you will find him aware of what is going on in the CLINIC.

Whenever you run upon a hide-bound conservative, a worshiper of authority, he closes his eyes and ears to us.

try? That the German citizen prefers the quack by so great a majority that as many quacks are supported by the German public as there are doctors of all sorts in the whole of the doctor-ridden United States?

We trust that the report may be false. German medicine has done so much for the world, in the last thirty years especially, that we would be sorry to think it so little appreciated at its own home. Here it is bad enough. We expect, however, the rise of a new quackish cult every few years, and would not be happy were not the Christian scientist elbowed by Dowie, he by Mrs. Eddy, she by the osteopath, and he by some other. Each must have a successor about the time the novelty ceases, or we grow ennuied. Even within the pale we must have our sensations, and the history of the surgic fads that have arisen since Sims incised the cervix would be instructive. But in ultra-scientific Germany! O tempora! O Moses!

Excessive indulgence in any passion proceeding from egotism results in reversion to the lowest types. Evolution, therefore, presents a strong physical argument in favor of the Golden Rule.—*G. F. Butler.*

STRAIGHT TALK FROM ALKALOIDAL HEADQUARTERS.

No. 7.

PALATABLE MEDICAMENTS.

Easy to take; no unpleasant or irritating effects.

We have all laughed over the military surgeon, who, when his colonel rebelled at castor oil, offered to disguise it with a little rhubarb. Our resources are greater now. We do not need to disguise the little pellet, as the taste, if taste there

be, is too trifling to be taken into account. The writer has given many thousands of the alkaloidal granules, and has never found child or woman who has refused to take them. Few persons are absolutely idiotic in their objections to the taste of medicines; and after considerable experience in taking the old-fashioned mixtures, we fully agree with those who consider the objections to their flavor entirely legitimate. The necessity of fighting a child to force nauseating messes down its throat has driven many a good family into homeopathy. Here is the opportunity to combine agreeableness of form with all the power you can possibly require; and this is by no means to be despised.

The absence of unpleasant and irritating effects renders the alkaloids available when ordinary medicines might not answer. If we are not sure a medicine will be retained by the stomach its utility becomes questionable. What a comfort it is when a patient is vomiting everything taken into the stomach to pull out our little hypodermic syringe, and reflect that we are indifferent to his vomiting—he can't vomit this. All the alkaloids in granule form can be used hypodermically, but it is rare that they are rejected when given by the mouth or the stomach. They are quickly absorbed from the mucous membrane of the mouth, or any other part.

It is the unnecessary part of a tincture or extract that irritates the stomach, the tannin, woody fiber, extractive, etc.; the pure alkaloid is scarcely ever irritant. Even in the incessant vomiting of seasickness, and of cholera morbus, we have seen the alkaloidal granules lie on the stomach and manifest their effects within three minutes.

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Don't try too hard to convert a man to Alkalometry. If he doesn't want to improve his methods, let him alone.

If a doctor persists in the use of antiquated and inferior methods of practice, let him alone till time cures him.

The question of taste is one for the civil practitioner—that of irritating or undesirable effects is especially important to the military surgeon, whose materia medica must necessarily be strictly limited, and who therefore cannot carry one remedy to counteract the bad effects of another any more than he can afford to lug about twenty pounds of useless dirt for the sake of a half-ounce of remedies therein contained.

We are sure to find an ignorant and dwarfed life in a hut; but there is no certainty that we shall meet with a nobler in a palace.

SUCCESS THOUGHTS FOR THE DOCTOR.

Mistakes are but mile posts along the high-way to success. He who never makes a mistake never makes anything.

The doctor who tells the truth the oftenest is believed the oftenest.

To prevent misunderstanding with your patients say just what you mean, use few words and be positive.

Dignity is all right, but it don't practise medicine when it chills your patrons. Keep close. Friendship counts.

Confidence and enthusiasm are as necessary to the successful doctor as to any other business man.

Professional wisdom depends on knowing how to do the right thing at the right time and how to do it well.

Don't tug and strain at theories — be plain, sensible, every-day doctors.

Let the patient be the judge as to the relative merits of the old methods of therapeutics, and Alkalometry.

Don't be afraid or ashamed to use every legitimate means to promote your business. Don't be a clam and don't be a quack.

Generalities are as much out of place in modern medical diagnosis as shotgun prescriptions are in the practice of today.

The successful doctor in all his doings appeals to the understanding and intelligence of his patrons.

Formality is cold, friendliness is warm, and the sunny side always attracts.

Let the thought of every day suggest success to yourself and your every act will suggest confidence and success to your patrons.

The better you treat your patrons and the more successful you are, the more they will advertise you.

Pleased patrons are your best promoters.

The chief end of business is to succeed and success means not only quality, but quantity of result. Don't be afraid to push.

PUSH.

What's life
But one long
Push
Up a high, steep hill
With many to
Knock
And few to
Boost?

You meet some with
Pulls

Gratis treatment is rarely valued. Charge at least twice the usual fee if you employ the quick-curers—the alkaloids.

And others with
Drags,
But they all
Slide back
When the
Power
Sags.

In the race up hill
There are those
You'll find
Who'll take your place
If you
Lag
Behind.

The harder you push
The higher
You'll get,
But he never
Wins
Who never
Begins.

It's a long
Hard fight,
So make up your
Mind
To work with your
Might
And don't be a
Quitter
If you work
All night.

Seriousness is like the smooth surface of deep waters. Beneath it lie treasures of life and joy, which noisy shallows could never hold.

HALF-CUT DOCTORS.

The death of a prominent dentist recently, from an overdose of narcotic medicine, leads us to say a few words upon the unwise and mischievous administration of drugs by men who have a partial training in medicine.

A little knowledge is a dangerous thing. The thoroughly informed and ex-

perienced physician is cautious in his prescriptions of dangerous drugs; chary about the use of drugs at all. He knows the ulterior dangers of drug-taking, the wisdom of relying on the natural powers of the system when capable, instead of weakening these powers by rushing in with his medicines at every excuse. He knows that very often pain and suffering are part of Nature's plan to relieve an ill or teach a lesson. That there is a natural evolution of disease that may or may not be interfered with to the patient's benefit.

But your druggist, dentist, medical student or nurse, knows but a part of this. He knows that morphine relieves pain; that bitters increase the appetite; that cathartics open the bowels; that cocaine relieves sneezing. And there he stops.

A man has pain in his stomach, or a woman has dysmenorrhea. The doctor knows there is impaction of feces, or endometritis, and he uses the cautious treatment or applies Euarol, and inculcates patience. But the druggist says: "Bother the old fog! I know what will relieve you;" and puts in the patients' hands the hypodermic syringe — result, two morphine fiends, neither cured, the maladies held in check, and continued indefinitely.

A patient comes in with anorexia, due to overeating and neglect of exercise. Doctor prescribes common sense; nurse advises whisky and snakeroot; and an inebriate is made.

Madame Meateater has hay-fever; doctor prescribes rational diet and regime; dentist tells her he can cure her without delay or exertion, and applies cocaine to her nostrils; and another victim is added to the many.

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Alkalometry offers an excellent opportunity to raise the fees—quick-curing remedies are worth much more.

Never let a patient off with less than two visits and a call at the office; at least a five-dollar charge.

Woman has constipation, chronic; doctor lays down the diet, exercise, and the habit of regularity of resort to the closet; with a little aid to secure movements at first, gradually reduced as the influence of habit is established. Mr. Student tells her she need not bother; to take a teaspoonful of Crab Orchard salts every morning, and she will be all right. When the salts are worn out he advises purgative pills; and so on from weak to stronger till the cathartic habit is formed and the bowels have lost the habit of independent action.

Mike has delirium tremens, and the old doctor concludes a season with the calico snakes and Dolly Varden alligators will do the man good; so lets him severely alone, simply seeing that his life is safe. Druggist has read the prescriptions of a dozen doctors till he actually knows what the whole bunch does; if you don't believe it ask him; and he gives the man coca and capsicum, and takes him through so well that the man goes gaily back to his booze, as he knows he will be helped through without suffering.

The physician is slow to purge away ascites; preferring to keep up the patient's strength, knowing that thus he will prolong his life in comfort; the half-cut gives a big physic and presto!—he has done more good in a day than the doctor did in two months. True, in a week the dropsy is back and the man fatally weakened, but that is too far for the lay intellect to look.

But it is in treating himself that the half-cut comes out brilliantly. He knows all about such drugs as chloroform, morphine and strychnine. He has given and taken them for years; he is not afraid of them. And so when he has a pain he goes at it with a will, and does

not bother with a little fiddling dose of half a grain, just pours out a good lot and swallows it. Then if evidences of overdosing result, he slaps in a lot of strychnine to counteract it. But his kidneys do not happen to be up to excreting so much, and he "goes dead."

Whether you are a physician or half a one, or none at all, the rule holds good: If you need treatment, go to a doctor, and do as he says and do nothing else.

If there were nothing else to trouble us, the fate of the flowers would make us sad.

THE BACTERIAN WARFARE.

In these times of bacteriological research, when micro-organisms play such an important part in nature's processes, the human imagination is ready for any announcement, no matter how startling, concerning the bacteria we eat and drink, and the bacteria constantly present in the healthy human body.

It was a good while ago that science revealed the fact that the process of digestion, stomach and intestinal, is carried on by bacteria. In fact, the "digestive ferment" is itself bacteria. Recently an expert in the treatment of appendicitis, declared in a published interview that this disease was caused by the lack of phosphorus in modern foods—the element upon which the bacteria of digestion live. The lack of phosphorus drives the bacteria of the small intestine down into the large intestine, where they become diseased. Their great abundance makes them crowd down into the vermiform appendix, which is attached to the cæcum, causing inflammation to set in, resulting in appendicitis.

Whether this is a correct theory or not,

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Always make the second call; patients like a doctor who takes an interest in their cases, and two fees beat one.

Be thorough in your work; keep the case till there is nothing left to do for the patient, if he can afford to pay.

the average person is not affrighted nowadays over the announcement that his internal regions are teeming with bacteria. When milk is twelve hours old, there are from two to three hundred millions of bacteria in each cubic inch of the fluid. The struggle begins in milk as soon as it comes from the cow. The bacteria which produce putrefaction and decay begin a death struggle with the lactic bacteria, which convert the milk sugar into lactic acid, and this sours the milk. The lactic organisms, being made of sterner stuff, triumph over the putrefying bacteria and save the milk from ruin.

How fares the human organism after drinking a quart of this kind of bacterial conflict? Nature will always cause a "survival of the fittest" for the preservation of the human body unless her processes are interfered with.

When experience has opened our eyes, and made us wise, we are quite willing to be forgotten by all, save those who truly love us.

SIMPLIFIED SPELLING.

The National Educational Association has adopted the following changes in spelling from the ordinary standards: Tho, altho, thoro, thorofare, thru, thru-out, program, catalog, prolog, decalog, demagog, pedagog. Some journals also drop the final "e" when the preceding vowel is short, as per recommendation of the American Philological Association, as in medicin, glycerin, urin, uterin, etc. The Standard Dictionary goes so far as to spell sulfur and sulfocarbolate. The objection to this is the necessity of such uncouth hybrids as phosforus; and how about hypofosfite? A more obvious im-

provement was that suggested by Lord Byron, of spelling words ending in "ed" with a terminal "t," as stept, and stopt.

This it will be seen is not fonetic spelling, but merely a simplification of a few of the more obvious incongruities of our language. It is to be regretted that the journals like *The Medical World* and *American Medicine*, which have adopted some of the above simplifications, have also taken up the objectionable and dangerous dropping of the final "e" from the names of alkaloids, as per the nomenclature used and recommended by the *American Chemical Society*, who use and urge the use of the "e" to distinguish alkaloids from resinoids, glucosides and concentrations. This makes a most important distinction between these agents and others of widely different strength and dose, and thus perilous mistakes are avoided. The man who makes no distinction between aconitine, the dose of which is gr. 1-134, and aconitin given in doses of a grain or two cannot shirk upon the druggist the responsibility for a death from the mix-up. Since the use of alkaloids has become so common this matter assumes great importance. Votaries of reform spelling should look before they leap.

Men, in general, are not half as good as their friends say, nor half as wicked as their enemies believe.

OBJECTION TO NURSES.

Nursing is one of the most popular professions among women of to-day, but few people who admire the quiet, capable woman in immaculate uniform, who moves about so noiseless in the hospital ward or private sick room realize the difficult, tedious and often dangerous or-

A drop of chloroform on sugar, three times a day for a month, cured gall-stones, according to the *Medical Summary*.

Tobeitz treated scarlatina with turpentine gtt. xx. a day in milk, 100 cases; especially efficacious against renal complications.

deal of hospital training, or take into consideration the many who emerge from it with shattered nerves and health irreparably impaired.

In spite of her undeniable knowledge and capability in her chosen profession, there exists a widespread prejudice against a trained nurse. Many object to employing her on account of the expense, alleging that just as good service can be obtained from a well-trained convalescent's maid, who can be engaged at one-third the weekly salary that must be paid to a trained nurse, or even from the nurses supplied by such institutions as the "Young Woman's Christian Association," women whose aptitude for the care of the sick comes from practical experience rather than theoretical training.

This is partly the fault of the training. The hospital schools for nurses are free, the only payment for tuition being the services of the students. This robs the pupil of the right to insist that she receive an all-round practical education in all branches of nursing, or that she be allowed time for study and experiment. Of purely theoretical training she has no lack, but even under the most favorable condition, she has little time or opportunity for the real work of nursing the sick. Given a training like this, it is easy to see why the nurse trained in a hospital is often unpopular in private work. Loaded to the eyelids with etiquette and theory, a woman would have to possess an unusual amount of tact and common sense not to antagonize her patient, and his entire family by insisting upon the observance of hospital rules in a private family, to say nothing of the domestic upheaval caused by the extra work made for the servants. She is steeped in rules, and all she knows is to

apply them as forcibly as they have been applied to her during the years of her training. Of comforting little attentions to an invalid, she knows nothing; a "case" does not require "comforting little attentions," and she has no chance to learn them. If such pleasant coddling were originally natural to her, the hospital discipline would grind it out.

She knows her business; the patient under her charge would probably receive the best of scientific care; to the slightest order of the physician she is most conscientiously obedient, but she is quite likely to turn the whole house into a hospital ward. When she leaves, the whole family is apt to heave a great sigh of relief, and to dwell with delight upon the memory of the old-fashioned nurse, a simple woman with soft hands and a low voice, to whom nursing comes as natural as rocking a baby.

In the face of unjust accusations, nothing so becomes a man as *silence*. In such forbearance there is a distinction beyond the reach of words.

A NEW EXPERIMENT.

Scientists are watching with eagerness the results of an experiment to be made by Rush Medical College, in determining the effect of different foodstuffs upon the mental development of children. It is proposed to take a number of children ranging in age from eight to fifteen years, and give them food of a prescribed kind for a period of months, at the same time taking careful note of their progress in school, and their general mental activity. It is surprising the number of instances in which the offspring of wealthy parents have been petted and coddled until their dispositions and digestions are half ruined and their bodies

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The only case of post-scarlatinal acute nephritis the writer ever lost he treated by turpentine on Kidd's suggestion.

Morris calls attention to the troubles due to preputial adhesions in little girls, in the August *Brief*.

exhibit the peculiar anomaly of *starvation from overfeeding*. It is the design of the hospital school to take these youngsters out of their home environment and nurse them back again to health, at the same time cultivating their mental faculties to the point where they can compete with other children on an equal footing.

The school itself, in which these experiments are to be made, is a large, rambling frame building, with little evidence to suggest either a hospital or a school. In appearance it is rather a home, of the comfortable, old-fashioned sort, with hardwood floors and large open fireplaces. Cozy window seats and long shelves of books give a peculiarly home-like and cultured atmosphere to the place.

Surrounding the house is a broad sweep of green lawn, shaded by tall elms. Tennis and basketball courts, hammocks and rustic seats are provided for the use of the pupils. Every detail is designed to provide the comforts and many of the luxuries of home life. Within this attractive place are received nervous, delicate, backward—in fact, invalid children. Some are slightly defective in sight or hearing, some are crippled, some are temporarily subnormal in mental development—all fall short in some respect of the standard of normal children and must be specially instructed with careful regard to their individual peculiarities of temperament.

The first aim is to bring the child to a condition of health as nearly perfect as possible. To this end three professional nurses are constantly employed, living in the house and giving their entire time and attention to the work. A house physician makes regular visits, and specialists from Rush Medical College are frequently called in consultation.

Food is prepared on scientific principles and the children take their meals in company with nurses and resident teachers, in a large cheerful dining-room.

The instruction of the child does not wait upon the complete restoration to health, however, but begins in an elementary way at the moment of his entrance into the school. For the most part, the pampered sons and daughters of wealthy and indulgent parents, the pupils have never learned to do for themselves, and must be taught how to dress themselves, how to make their own beds, and even how properly to feed themselves. After a little instruction the children soon learn to be independent of nurses and servants. But the instructions in dietetics extend further than this, even to the selection and preparation of food of the proper sort. Special emphasis is placed upon this because of the fact that not infrequently the pupils come to the school with imperfect digestions and overwrought nerves, due to overfeeding or improper food. With improved health the real educational work begins, and is conducted with the primary design of restoring physical and mental balance rather than for the mere purpose of imparting knowledge. For this twelve teachers are employed, none of whom is allowed to teach more than three hours a day, and for most of the teachers, two hours is the limit of time expended. They can thus bring to the task an alertness and freshness of interest impossible to the overworked teacher in the public school. Although the instruction is for the most part carried on individually, every child is required to learn music and dancing, and this rhythmic work takes precedence over reading, writing or any other branch of study. It is re-

People born with hope, large and bountiful sympathetic natures, other things equal, make the best doctors.—J. J. Lawrence.

Three cardinal principles in treating chronic diseases: Rest, fasting, appropriate drug treatment.—J. J. Lawrence.

garded as a distinct advance in the child's development when he is able with mental and bodily fiber to respond to harmony and rhythm. It is surprising how quickly and completely this is accomplished by some of the pupils who elsewhere have chafed at learning from books. Throughout the entire course classes are conducted in various branches of instruction—not in long rows of straight-back modern benches, as the classes in the public schools, but in groups of four or less on the verandas, the lawn, or drawn up comfortably before the open fire, if the weather is chilly. English composition, juvenile literature, arithmetic, physics and chemistry, correction of speech defects, stammering, stuttering, etc.,—cooking and even typewriting are taught, and the amount of time given to each depends altogether upon the pupil's endurance and ability.

The keynote of the instruction is to find the pupil's dominant interest and group his educational training around that as a center. His mental attitude is carefully studied for evidences of abnormal conditions, and then corrective measures are applied.

For example: A boy of ten years was found to possess an inordinate curiosity. He insisted upon prying into everything within reach, even going so far as to get up in the middle of the night to ransack closets and bureau drawers. No amount of admonition sufficed to deter him from this peculiar pursuit of information, and finally the expedient was tried of giving him lessons in chemistry and physics. The experiment was completely successful. The mixtures of compounds to see how they would result, the trial of physical experiments gratified his thirst for

exploration, and no further trouble was had with him.

Another boy was cured of a desire for destroying things by giving him a set of tools, and putting him at carpentry work under the teacher's guidance. A little deaf girl was taught to speak and understand by careful instruction.

One little girl, an invalid from stomach trouble, was kept in bed for three months for the rest cure, until her sensitive nerves and delicate organism had partly regained their equilibrium. She is now able to do the same work as the others, and is rapidly returning to the normal state, her instructions including dancing and music.

But aside from the immediate benefit which the school confers upon the children under its charge, its greatest usefulness is in its character as a laboratory of psychology. Neurologists of Chicago and in different universities in the United States are eagerly watching the results of these methods, hoping for generalizations that will guide educators in providing educational methods for nervous, delicate and subnormal children whom the parents cannot, and the state will not, educate.

YOUR PHOTOGRAPH, PLEASE.

Send us your photographs. We want to see what sort of a man you are who write such nice things for the CLINIC. How much better we appreciate a good thing when we hear it spoken. We judge it largely by the way a man looks, and we get a more accurate picture of what is in his mind than when we merely read his letters. Send in your pictures to go with your communications into the CLINIC pages. Don't you like to see them?

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Indifference is an insuperable obstacle to success in every branch of activity. — J. J. Lawrence, in August *Medical Brief*.

The best doctors in the world are Dr. Diet, Dr. Quiet, and Dr. Merryman. Such was Dean Swift's verdict.

LEADING ARTICLES

TETANUS—LOCKJAW.

By Herman G. Grosby, Ph.D.

Physician and Surgeon to St. Louis Provident Association, Medical Examiner Woodmen of the World, etc., etc.

GERMANY terms lockjaw: *Starrkrampf*. It is an acute or subacute infectious disease, characterized by muscular rigidity, with paroxysms of tonic convulsions, the mind remaining clear to the end; and occurs in various manifestations. It is idiopathic when no wound is discoverable, cephalic when the face and throat are affected, trismus or lockjaw when the jaw alone is involved, tetanus traumaticus when an open wound is present, and tetanus neonatorum when it attacks infants and children.

Astonishing are the numerous reported fatalities of this insidious malady, when we hear of so many deaths, in spite of heroic treatment to combat the convulsive spasms which so exhaust the body and produce inevitable and miserable struggles of death.

Nicolaier in 1884 discovered the peculiar organism, whose striking features are an enlargement and a bright spore at the end. Kitasato in 1889 succeeded in obtaining these organisms in culture. They will not grow in the presence of oxygen, and resist the action of carbolic acid.

From the 5th to the 14th day after infection of a wound, the rigidity of the

pharyngeal muscles is evidenced and the surface of the skin is bathed in an intense perspiration. The course is definite, but the duration is indefinite. If the patient survives the twelfth day there is hope. If the thermometer indicates 101 it is dangerous—103 causes great anxiety and not infrequently the thermometer registers 107.

In the case of M., Italian, 10th street, two weeks after confinement, I was called in by the midwife, who hastily told me that the baby acted as though it were teething. Upon examination I pronounced the case one of tetanus neonatorum. Infection here occurred through the navel. The parents would not be convinced, as they told me that the midwife and a physician had given them every assurance that the child was out of danger, and they were greatly surprised when I told them that the child had lockjaw and could not live under these conditions. These cases emphasize the importance of early detection and thorough diagnosis.

There is no doubt that many of the fatalities could be avoided by a prompt diagnosis and thorough treatment. It is very necessary that these conditions be thoroughly studied, and it is criminal

to allow the disease to get sufficiently advanced to cause death, when we have the means readily at hand to avoid such a dread catastrophe.

Serious import is not attached to the symptoms sufficiently to cause alarm, and therein lies the cause for so many fatalities, as is evidenced from a case which recently occurred in my practice. Mr. F—, 16 years of age, 14th Street, accidentally wounded by a blank cartridge. I was not called to the case, but was consulted by the relatives of the boy. I told them of the dangerous character of the wound and the necessity of frequent and thorough treatments. They did not seem to attach any importance to my remarks, and replied that they had already employed two physicians, who had bandaged up the wound and that they stated that his stiff neck was a cold. Two days later the parents were again at my office and pleadingly begged me to attend to their boy, who was by this time sent to the hospital. Repeated injections of antitoxin together with large doses of sedatives failed in their effects. The reason is plain: it was too late.

The proper treatment is prophylaxis, through cleansing of the wound. Open it up and see what you are doing; keep the

wound open, and allow it to heal from the bottom. The use of the antitoxin is selective, and the same rule applies here as in other cases of like character.

The internal treatment is important. I give hyoscyamine amorphous gr. 1-250, one granule every two hours; atropine sulphate gr. 1-500, one granule every four hours. The bowels should be kept open with Saline Laxative, and arsenic sulphide gr. 1-67. I do not give any morphine as recommended by many eminent physicians and surgeons, for the reason that this drug produces constipation, and that is what I endeavor to avoid, as it is necessary that the toxic materials be eliminated through the bowels and kidneys.


Let me emphasize the point that it is of prime importance that the secretions be kept solvent with salines to assist the kidneys in eliminating the toxins. The skin in tetanus is bathed in profuse perspiration, which indicates faulty dialyzation through the kidneys. Use the combinations of sodium chloride and calcium sulphate internally with saline solution subcutaneously, with an admirable saline medicament devised by Dr. Abbott which is a useful adjunct in keeping the bowels soluble.

St. Louis, Mo.

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FEVERS IN "DIXIE."

By M. T. Fulcher, M. D.

HE editorial call for papers on fevers, and more especially fevers in the South, is so earnest that I will respond before I sleep. By that means I can avoid my usual habit of putting off.

My residence in the South, not so much in Dallas, Texas, but in the swamp

regions of the low timbered lands, is my warrant for speaking with the more positiveness.

The simple fevers in the South are much like those in the North, only in intensified form. The treatment likewise is similar, only there must be no let up. Arousing of glandular and secretory ac-

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Forty-one physicians of the United States commit suicide each year for the past twelve years. How many from money worries?

Familiarity with death is advanced as one reason for the frequency of suicides among the medical profession.

tivity, elimination by all the emunctories, bowels, bladder and skin; mild chloride in small doses frequently repeated, with free catharsis by salines; aconitine and gelsemium — or better in these later years their respective alkaloids; destruction of toxins still in the alimentary canal, preferably by the sulphocarbolates of lime and soda. I specify these as antiseptics not because they are the only ones. Guaiamar is as good, but the sulphocarbolates are as good as the best and are much cheaper. Lastly, quinine to destroy the malarial germ. Not 30 grains as I was taught, but two-grain doses repeated four times a day for three days.

Here is a good formula, North as well as South:

Quinine sulphate ...24 grains.

Ferri redacti12 grains.

Pulv. capsicum 6 grains.

M. et ft. caps, No. 12.

Direct: Four each day.

Meantime the free catharsis, the aconite and gelsemium and the intestinal antiseptics, are to be kept up just as if they were the chief element of the treatment. Three to five days usually suffice to break the fever. After that, vegetable hepatics, tonics (Triple Ars. with Nuclein is now my favorite) with a course of quinine each six or seven days to guard against a relapse and a descent into a state of chronic invalidism. This line of treatment with such collateral remedies as the individual case calls for, is safe and humanly speaking is certain.

Now, it is well to watch for other symptoms. If the tongue is striped, or glazed, or of raw beef appearance, I call off the quinine in toto, for the case threatens to turn either into "slow" fever or

typhoid. All other features are to be maintained; specially the aconite and gelsemium; and I hazard a prediction here about these two drugs, like I hazarded once of the action of calomel in cholera infantum over twenty years ago, and which has since been vindicated: Aconite and gelsemium have powers in fevers, more in continual fevers, specially in those of a typhoid type, that are not yet understood and are not yet accounted for on scientific grounds.

I hope that as in case of calomel, science will hurry up with her explanation and proceed to vindicate our empiric practice and knowledge. But whether she does or not, I have a science, and "I know"—in the premises, that I rest on.

In continued fevers the tendency is for the tongue to become dry. The two drugs I am talking about, if used constantly, will keep the tongue moist, and from some unknown connection no fever lasts long if the tongue doesn't get dry.

That "slow" fever is an entity in the South. Neither typhoid nor malarial; not the latter, for quinine has no curative effect. It is more like typhoid, and I look for the *differentia* to be discovered and pointed out, as more and more the microscope and the laboratory are becoming the tools of the clinical diagnostician. Three to seven days will usually suffice to break up a case of "slow" fever. If the case be genuine typhoid I have found the time needful to effect a cure to be between five to fourteen days; never beyond the latter.

Do I know typhoid fever when I see it? asks a skeptic. Yes—I know typhoid. I know that I know it, but other doctors have no certain grounds for faith in me, so last summer, here in Alton I got a fine case, a rich case. A boy lived

No one who has felt the stress and strain of trying to live honestly on a doctor's fees needs ask why they suicide.

Ninety per cent of doctors' suicides are due to trying to live on an antiquated plane of financial relations with the public.

in a boat-house and the usual water from the river 200 yards below where a large sewer emptied. Every symptom was present, gurgling, somnolence, nose-bleed, spots, rash and all. I expected confidently to cure it within the limit of 14 days. So to be able to head off the mossback critic, I sent a specimen of blood to the laboratory for the Widal agglutination test. The answer came back, clear and positive, typhoid fever. The range of temperature was from 105 p. m. to 102.5 a. m. In just seven days

the temperature fell below 100, and was soon normal. I yet have the readings as taken twice a day.

I intended to take up other forms of Southern fever, specially swamp fever and chronic malaria, but this article is so long that I fear I shall lose my reputation as a writer of short papers. But what I've written is reliable, and I am ready to stand by it before any medical body of the land.

Alton, Ill.

NOTES FROM INDIA.

By A. G. Parandekar, L. M. & S.

IT seems that the storm over "the Doctor and the Druggist" is blowing very wildly in your land. I do not know if there is any legislation against a doctor's keeping his own dispensary in his office, or his compounding the medicines himself. If he can have a small dispensary with a smart compounder, the business is most lucrative, and has a very salutary effect upon his patients. Besides it is not wise to expose our patients to the whim and caprice of a druggist.

Then, again, I was under the supposition that there was no "quackery" in European countries. But the reports show that it is as rampant there as in any other part of the world. Is there no legislation against this in the United States? It is no use grumbling against this evil. We must try by our good behavior, upright conduct, and competency in our art, to gain the confidence of our patients; and the evil will die its natural death.

You advise a saltless diet in epilepsy.

The aggregations of wealth in few hands compel men to aggregate in masses for protection. How about doctors?

Will you kindly let me know the physiologic effect of such a diet?

Dr. Buck's calomel treatment of "malaria" is certainly outrageous as he himself calls it. Why waste such a useful drug to no purpose? One hundred and thirty grains would have certainly cured at least thirty such patients.

Invariably malarial patients have costive bowels; so much so that the whole of the intestinal canal is almost stuffed with hard, dark feces. Peristalsis is absent as there is no space and tone. The liver is loaded with poisonous material and hence it becomes torpid. Whatever little bile it excretes goes into the stomach instead of into the intestines. The mucous membrane of the stomach is in a catarrhal condition producing unhealthy secretion of alkaline mucus. This undergoes fermentation, producing different products of acid nature. These react upon the mucous membrane of the stomach, which in self-defence produces more alkaline mucus. This warfare continues till nature or art in-

The wonder is how so many new broods of nurses as annually flit from the schools find paying patrons.

terferes. All the while absorption is almost *nil*.

Now, when this irritable condition exists, is it not adding insult to injury, to throw more irritants inside? When absorption is below par, to throw in 130 grains of calomel, is the same as throwing in as many grains of brickdust.

Only a minimum part of a large dose of calomel acts, the major portion escaping unchanged (Hare). If this is true, what is the use of that major portion? Perhaps it might be useful in rendering the intestinal contents antiseptic. But it matters very little if we make the contents antiseptic or not, since they are to be purged out somehow or other.

Every physician knows that a soluble powder is more easily and readily absorbed than a pill of the same; a powder in an emulsion more than a dry powder; a watery solution of the powder more than an emulsion of the same; and an alcoholic solution more than a watery one. Substances in a gaseous state diffuse much more rapidly than those in a liquid state. Hence the absorption of a substance depends upon its solubility in a medium and the nature of the medium. Again, there are two more factors upon which absorption depends, *viz.*, 1, the state and extent of the surface exposed for absorption; and 2, complete division and subdivision of a substance into its constituents—the particles and atoms. Anyone can satisfy one's self on these points.

To sum up, a medicine is much more powerful when given in small quantities, well diluted (with solid or liquid medium), and often repeated till effect; the last guarding against an excessive dose.

Again, before a drug is introduced it is absolutely necessary to see if the absorb-

ing surface is fit for absorption. If not it must be prepared first.

Now in malaria we have seen that the absorbing surface is in an irritable condition and absorption below par. Hence it is necessary to remove its irritability and restore activity.

Calomel is an insoluble powder; hence it must be administered in such a medium that will hasten its absorption. Such a medium is bicarbonate of sodium; it besides neutralizes the acidity in the stomach. It should be given in small and frequent doses for the reasons stated above.

In a case like that cited by Dr. Buck, if the patient is strong and seen early, I give an emetic of pulv. ipecac. This clears away the stomach and renders it antiseptic. This is followed by a salt water enema and massage of the abdomen. This empties the whole of the large intestine and part of the small intestine. Then I administer calomel, santolin and soda bicarb., 1-4, 1-4, 2 gr., every hour till six such doses are taken. This clears away the duodenum, opens the downward passage of bile and stimulates the liver. One or two liquid motions mixed with bile are produced. Next morning it is best to give a dose of magnesium sulphate, and tinct. podophyllum, 3 drams and 10 m. This clears out the whole of the intestinal canal. This procedure insures the action of quinine and reduces its dose. I order 2 1-2 gr. doses of quinine every two hours, or every hour. From four to six doses are required according to the severity of the attack.

If the patient be weak and comes late, I omit the emetic and order the rest. In this case I add 1-6 of ipecac powder to the calomel powder, and omit tinct. po-



Always suspect uncinariasis in every unexplained case of anemia, and use the laboratory methods to diagnose it.

Thymol is capable of inducing symptoms of collapse that may even prove fatal if given too freely for hookworms.

dophyllum from the magnesium draught.

If the patient be unwilling to have an enema I order calomel powders to be followed by a dose of magnesium sulphate 3 drams.

I know that one treatment is not applicable to all; some cases require more quinine and in single doses; some succeed better with arsenic than with quinine. I mention the above treatment because in the majority of malarial cases it has been useful in my hands. I ask Dr. Buck to give it a trial.

PNEUMONIA.

Turpentine: It is certainly a useful remedy in pneumonia. But it should not be given in the first stage. It is a pulmonary and intestinal disinfectant. It stimulates the bronchial secretion and is a general stimulant. Blood in the sputum disappears under its use. In small doses it acts much better. The purified product in rectified spirit should always be used in pulmonary complaints.

Sulphocarbolates: Care should be taken in using the zinc salt in large quantity in pneumonia, as it checks the pulmonary secretion and troubles the patient. That with the sodium base is certainly preferable.

Tartar emetic: In chronic pneumonia I use this drug with excellent results. It should be used with stimulants and not alone. It promotes absorption of the exudatory products and clears the lungs.

Your CLINIC is doing excellent work; wish it long life.

Kolhapur City, India.

June 7, '03.

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Experience has shown that the exclusion of salt from the diet of the epileptic reduces the convulsive seizures more than any other diet. Five to ten grains of sodium bromide may be used to "salt" the food at each meal, and exert effect very much greater than the same dose when ordinary salt is used.—Ed.



ALKALOIDAL TREATMENT OF MALARIA.

By A. T. Cuzner, M.D.



A. T. Cuzner

IN response to your request for an article on Malaria and its alkaloidal treatment in the South, I send you the following: The writer first commenced the study of medicine during the year 1861. At that time we began the formation of a medical library. Among the books purchased, and afterwards carefully read, was La Roche's work on Malaria, published in

1854. In this excellent but somewhat prosy and long-winded composition, we find much that is extremely interesting and instructive to the practitioner of to-day.

Speaking of Hippocrates and his contemporaries, as to their views of the cause of malarial fever, he says: "They were not ignorant of the fact that the atmosphere in the vicinity of marshes and large rivers in warm climates is unwholesome to the inhabitants." Again: "At a period less remote from our own, the Romans, without having a very clear idea of the manner in which malaria is



Hookworm disease is said to practically affect the entire population of some of the Southern states.

The head of a school for boys was asked if there were any incorrigibly lazy; both boys selected had hookworms.

produced, expressed opinions and offered explanations of facts, which would do no discredit to modern etiologists; for though differing as to what the thing exactly was which exhaled from marshes (considered as a philosophic rather than practical question), contaminated the atmosphere and caused sickness, and though indulging in a variety of whimsical opinions on the subject, enough is found in their writings to show that they recognized the unhealthiness of marshes and marshy surfaces, and ascribed the effect to something beyond modifications in the sensible qualities of the atmosphere."

Nothing new has been developed on the subject of malaria, excepting the relation of the mosquito as a remarkable exciting cause of this disease. And yet this is not altogether new, for we find "the shepherds and peasants of the Roman Campagna have made use of the method popular in the South, of protecting themselves from the bites of mosquitoes and other insects, by building a fire and producing a smudge to drive them away." It would seem to have been established in their minds, that there was some connection between the bites of the mosquito and malarial disease.

The writer does not believe in the mosquito bite as being the sole origin of malarial and allied diseases. We have no doubt, however, that mosquitoes and other insects have the power to convey diseases from one diseased entity to another in a receptive condition, the circumstances and environment being favorable. But it is not on such questions we desire to dwell in this paper, but rather to give a *resume* of alkaloidal treatment of malarial disease.

In the first place, believing that the

organs of the body more largely affected by this disease are those engaged most actively in the modification and elimination of waste products, the result of embolism, we proceed—after our diagnosis is made—as the fathers did before us, to administer a brisk cathartic. And again we confess our indebtedness to the fathers. We usually give calomel in 1-2 grain doses every hour, aided by Saline Laxative. By means of the latter we keep the bowels open during the entire course of this disease. As a febrifuge and antipyretic we give at once granules of Defervescent Compound, one every fifteen minutes or half-hour, not waiting for the bowels to move. If the congestive condition of the circulation is very great, we aid the action of the compound, by administering atropine along with it.

As soon as the bowels move, we proceed to administer quinine in some form as a germicide, for the destruction of the morbid material infecting the patient, and not as a febrifuge—unless it acts as such by destroying the exciting cause of the fever. We have found at times, that arsenate of quinine acts more favorably than any other preparation of that drug.

Again, we have thought that we obtained better results from the use of Saloquinine, manufactured by Farbenfabriken of Elberfeld Co. This preparation has not the taste of quinine. If it has any taste at all it is like chalk.

In the above description of treatment we have merely given an outline, which we believe most any physician of a few years' experience can fill in and round out into a proper whole.

In this Southland we have different varieties of this disease, and of different degrees of severity, ranging from a mild

Laziness is now admitted as a prominent symptom of hookworm disease. How many of us are wondering if we have it? Own up!

Anemia, œdema, staring eyes, laziness, are symptoms indicating hookworm disease; diagnosed only by microscope.

typical intermittent, to an intense bilious remittent and continued fever of a hemorrhagic type, simulating yellow fever, even to the extent of a vomit that is black like that of this last disease. We have had several cases of this last form, and had we not passed through the epidemic of yellow fever of 1888, would have ourselves been deceived. Three years ago we had an epidemic of this last form, and we lost several cases, and came near losing our own life.

Now it will be readily understood, that these different forms and phases of disease must be met by special treatment, and it will be conceded by most fair-minded physicians that we have no such a thing as a specific in this complaint

(unless quinine can be considered such). And we would further state that we have found it to fail while in many other cases it has not been used at all and our patients have made a fair recovery. Dr. Brodnax's testimony is stronger than our own. However, this matters little to us, who believe not in specifics for diseases, but do believe in specifics for certain morbid conditions. We hold that sanitation and perfect hygienic conditions are specific against the prevalence of yellow fever, and that good drainage and cultivation of the soil will be a greater specific against malarial diseases than destruction of the Anopheles.

Gilmore, Fla., July 29, 1903.

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THE FERMENTS IN TREATMENT—WITH ESPECIAL REFERENCE TO BIOPLASM.

By John E. Brooking, M.D.



HE tendency in therapy in these later years seems to be towards a repetition of history—harking back to an age of superstition and scientific darkness—in the fact only that organic products, or rather products of the organism, are becoming the chief therapeutic agents. The similarity stops there, however, for where our ancient forbears took cats' eyes from kittens born in the full of the moon, and the feet of toads, and triturerated them with the tongues of female rabbits, which same trituration had to be done on the border of a swamp at midnight, we of the more enlightened era use the ferments of glands whose functions in the economies are precisely known, for strictly rational reasons freed from the supernatural.

The simple glandular products, such

as thyroid extract, pancreatic, peptic, suprarenal and other glandular products, are so well known as to their properties and therapeutics that a review of them in their simple forms is unnecessary for our present purposes. It is in their compounding that my consideration lies, and not that only, for combined digestive ferments like Peptenzyme have been used for some years; but in their more intimate union for the creation of an alien product by exciting a partial function while reacting upon each other.

Without more detail I will give my experience with such a product, known chemically as a compound enzymic extract (*extractum enzymica compositus*), which is a union of the glandular ferments excited by yeast action to a certain point, then carefully dried and triturerated with c. p. sugar of milk (Merck).

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The body of a man contains 10,000,000 nerves. Then that of a woman must contain about ten times as many.

Sitka widows paint their faces black. If that were the fashion here husbands would have better chances of recovery?

This preparation is made commercially and sold in the market as Bioplasm (Bower), and is put up in powder and five-grain tablets. The following brief reports of my personal experience are indicative to me of some vital force in this ferment not in harmony with what we know of the isolated enzymes, but pointing to a vital incitant of much greater power.

Case I. Woman, aged 45, an invalid of two years, suffering from extreme torpidity of the bowels (almost a paralysis), stools extremely offensive, complete anorexia for last six months, articulation difficult and speech slow and labored, requiring effort, although not due to mental sluggishness. Has difficulty in walking, cushion sensation in soles, easily tired by any exertion, patella reflex normal as well as pupillary reaction. Has been loyal to doctors, first one and then another. All indications pointed to a profound neurasthenia sustained or complicated with autoinfection.

Up to this time treatment has been unavailing. Now it began with thorough saline laxation, anticonstipation granules (Waugh) before meals and Bioplasm (Bower) ten grains after meals and at bedtime. Brought daily liquid consumption up to 64 ounces.

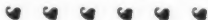
She commenced to gain within a few days, slowly but steadily. The first improvement noticed was a lifting of the mental depression and sluggishness. Her skin cleared up from a dirty sallow, and her appetite improved. By her friends she was made to believe she had "liver trouble," and to neutralize this imperative concept I stopped Bioplasm and gave cholagoges for ten days. This created a diarrhea, distressing symptoms returned, pulse became weak, she had attacks of

vertigo, and skin again became bronzed. I then resumed Bioplasm in fifteen-grain doses four times daily, and gave tablets of suprarenal gland. I called in consultation Dr. G—. We agreed upon a tentative diagnosis of Addison's disease. Treatment with Bioplasm was continued, with Armour's Ext. of Bone Marrow added. In a week her general condition and color of skin had improved very much, the skin approaching the normal, and she said she felt better than for two years. Her appetite returned and she would go out visiting and became interested in things.

She decided that the medicine cost too much and became her own doctor, prescribing for herself a steady diet (*a la Squeer*) of sulphur and molasses. She again began to fail. Her economical reform led her to seek another doctor who did not succeed in staying the decline. She made another change professionally in time for the new incumbent to guess at a cause of death for a burial certificate within a month.

All her symptoms while under Bioplasm treatment point to it as the remedy *par excellence*. While under its influence her improvement was prompt and steady, and when it was stopped her failure was equally progressive. I felt pained to lose this case for two reasons: First, she paid her bills; and second, she had gained so much that I wanted to see if total recovery was possible. Her family and personal history was negative.

Case II. Male, 73, Captain in civil war. Had valvular heart-disease, distressing dyspnea, bronchial catarrh, substernal pain, swollen feet, low arterial pressure, vertigo and fainting. He was taking orthodox heart stimulants and getting weaker daily, with the end



When a man's body is cremated there remain about two pounds of ashes. I do not refer to the immaterial part.

Marriage in India is easy; the bride sits down beside the groom and the priest ties her veil to his shawl—and that's all.

apparently in sight. Commenced treatment of this apparently hopeless case with Bioplasm, gr. 10 to 15, and Abbott's Heart Granules two every three hours. Applied Antiphlogistine over bronchial area. In a few days there was marked improvement. After ten days' treatment (perhaps from indigestion) his army diarrhea returned. This was controlled by colon douches and treatment continued. Fainting spells soon ceased and he gained daily so that from a state of extreme exhaustion he was able to walk quite well within 60 days. He claims to feel more like himself than for years. Has used but three bottles or about 4 ounces of Bioplasm, but has gained steadily and now talks of a European journey.

Case III. "Come up with me and see father. I don't suppose he can be helped, but I want to do what I can. He has been doctoring with Dr. (Blank) and Dr. (Dash) and fails all the time." I found a man 83 years of age, heart dilated, with valvular insufficiency and feet swollen, dyspnea upon exertion, unable to feed or care for himself, mind and memory weak and failing. Commenced with Bioplasm gr. 10 after meals and at bedtime, two Abbott's heart granules every three hours as in former case, and occasional laxatives—usually Anticonstipation, Waugh. Prescribed suitable and nourishing diet. Saw him in three days and found the dropsical conditions removed and his appetite improving. Improvement continued, so that in ten days he was feeding himself, dyspnea was relieved, and he was dressing himself, showing marked gain in all symptoms. After taking 3 oz. of Bioplasm he could walk a half mile without exhaustion.

Case IV. Woman, 24, three months after confinement. She came here to

visit her sister who was dying of "quick consumption," and helped care for her. She soon gave evidence of infection. Had a cough, marked malaise, anorexia, headache, and she was listless, tired and was emaciating. Had been sick ten days when I found her as stated, with an evening temperature of 102°.

Commenced treatment with Abbott's Saline Laxative and Intestinal Antiseptics, aconitine and strychnine. After four days of this without improvement and temperature a half degree higher, there being no typhoid appearances about the tongue, I became quite convinced of an acute systemic tuberculosis and began with Bioplasm in one-half teaspoonful doses, four times a day, continuing aconitine and strychnine as before. In four days her temperature was down to 99.5, headache had ceased, appetite had returned, and she was much stronger. She finished the bottle and said she felt well. Thinking she had recovered, she stopped treatment. In four days the temperature was up to 102° with other symptoms about as before. She then took another bottle with like favorable result, only she attained it more speedily. I advised her to continue treatment, but she said she was well and has, in fact, so continued. This case surprised me; the response was so quick after the change in treatment.

Case V. A girl of nine years contracted whooping-cough after having the measles. Was in a very low state of health. Did not want to eat for fear of coughing, was anemic, irritable. I gave her Bioplasm and her appetite returned, and her strength and ambition with it. I am now using Bioplasm in other cases of pertussis and it appears to have a power to remarkably modify the disease.

It takes more than a swallow or five



Dr. Andrews of the *Medical Summary* has for years done good service in the advocacy of intestinal antiseptics.

Aconite aids powerfully in treating acute bronchitis and colds in the head and chest.—*Medical Summary*.

swallows to make a summer, but when such cases as these I have referred to are taken out of the realm of coincidence, showing a tenacious persistency in the uniformity of results, it is time to pause and count our talents. We certainly have a product that vitalizes degenerate function and neutralizes toxic effects of disease germs in a way that leaves every other unit of our *materia medica* outside of measurable distance.

When in doubt give Bioplasm. I have a case of locomotor ataxia that is daily gaining in comfort, strength, the use of her limbs, and ambition; but she has only been under treatment two weeks, so it is premature to say what the result will be. Of one thing I am absolutely convinced, and that is, that this additon to our ma-

teria medica has a wide field of usefulness, not so much as a peer to other and well-tried remedies, but for morbid conditions for which hitherto there has been no efficient remedy.

Hallowell, Maine.

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To be able to appreciate and recognize and determine cause is diagnostic ability without which no man can truly succeed in practice. To be able to best meet the cause and aid nature to undo the mischief is the acme of therapeutics. Dr. Brooking did both. He saw autoinfection and applied the remedy. Dr. Brooking could build a house with a hand-axe or practise medicine with Epsom salts. He's got good "horse sense."—Ed.

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MATERNAL FEEDING.

Read before the Shawnee County Medical Society, July 6, 1903.

By Theodore W. Peers, P. H. B., M. D.



Theodore W. Peers.

It is not the purpose of this paper to make an exhaustive study of the subject, but rather to call attention to its importance, its abuse, and the management of difficult cases.

Two decades ago J. Lewis Smith's *Diseases of Children*

was regarded as one of the very best books published on that subject, and he says on the importance of maternal feeding: "In the city its importance cannot be too strongly urged"; and further: "In this city (New York) the foundlings, amounting to several hundred a year, were formerly dry nursed; and, incredi-

ble as it may appear, their mortality with this mode of alimentation nearly reached 100 per cent. Now (1881), wet nurses are employed for a portion of the foundlings, with a much more favorable result."

Dr. Smith devotes 40 pages of his book to the whole subject of infant feeding, maternal, wet nurse and artificial. These statements show how the subject was regarded twenty years ago, and enable us to contrast it with the present.

Dr. Holt, in the 1902 edition of his book on *Diseases of Children*, says: "The physician should do all in his power to encourage maternal nursing." He also says that only about 25 per cent of the mothers in his practice are able to nurse their babies, and that the capacity to nurse is steadily diminishing all over

Dioscorea for true angina pectoris, with strophanthus and avena for a continual treatment.—*Medical Summary.*

Arsenic in small doses is the best remedy for leucorrhea of anemia and malnutrition.—More Madden, *Medical Summary.*

the country. And again: "Among the higher classes of society, where most of the maternal nursing is of an inferior quality, but where every facility can be afforded for the best artificial feeding, one should not be slow to adopt the latter in cases of doubt. Among the poorer and ignorant, however, where artificial feeding cannot be carried on with anything like the same chances of success, one should persist in maternal nursing so long as there is any possibility of success."

Dr. Holt devoted about 120 pages to the subject of feeding of infants. It is easy to see from these quotations that maternal nursing is still a matter of very great importance, but that artificial feeding has made so much progress that far better results are obtained than in former times. Is it not true that our increased ability to feed an infant artificially is a large factor in the decreased number of nursing mothers? Is it not also true that the many pelvic disorders of to-day are in part due to the withholding of that stimulation which the uterus gets during the act of nursing?

We cannot appeal to the mother, as we once could, and say: "If you do not nurse your baby, you are almost sure to bury it." We can, however, assure the mother that it is still the best and surest way of bringing up her infant, unless there is some good reason for her not nursing the baby. These reasons are, according to Holt:

1. Tuberculosis in any form, latent or active, in the mother.
2. Where serious complications have occurred during parturition.
3. If the mother is choreic or epileptic.
4. If the mother is suffering from a

serious chronic disease, or is very delicate.

5. Where experience on two or three former occasions has shown her unable to nurse her baby.

6. When no milk is secreted.

To this list Rotch would add:

7. When a mother is nervous, irritable, irregular in her habits, and does not want to nurse the baby.

If none of these things exist, or if 4 or 5 are not conclusive, we should have the mother nurse her baby.

The nipples of the mother should be bathed with boric acid water several times a day, for a month before the time of confinement, and once a day they should be manipulated with the fingers and rubbed with a little sterile oil. This is to toughen them and prevent them from getting sore when the baby begins to nurse.

The baby should be put to the breast as soon as the mother is cleaned up and ready to receive it. For two days, except at night it should be put to the breast every two hours unless it is sleeping. After this it should be trained to nurse every two hours during the daytime and allowed to nurse but once at night. At six months of age it should not nurse at all at night. The nipple should be bathed with sterile boric acid water before and after each nursing, for at least two weeks after confinement. The baby should not sleep with the mother.

It is necessary to know something about the production of milk in the mammary gland and also of its chemical composition in order to know when it is improper for the baby and how to change it. Mother's milk, and indeed all milk produced by mammalia, is composed of the five elements of food: Proteid, fat, su-



Eclampsia: Dioscorea, with or without veratrum, in doses of 1-2 to 1 dram, every half to one hour.—*Medical Summary*.

The Brand method which for a time had a large following, is beginning to be much less resorted to.—*Charlotte Medical Journal*.

gar, salts and water; and these elements, except the water and possibly the salts, are formed by the protoplasmic cells found in the epithelium of the gland, and not at all by filtration from the blood. There is some activity of the gland while the baby is not nursing, and some accumulation of milk, but by far the larger part of the milk is produced at the time of nursing.

The proteids and fats play by far the largest part in the economy of the body, not only in building the body when properly digested and assimilated, but also in the disturbances they produce when they are out of proportion, and are not properly digested and used. The curd precipitated by rennet or an acid was at one time believed to be all of the proteid material in milk, but now we know that there is a proteid that is not precipitated by rennet or an acid but remains in solution. It is called lact-albumen, and is twice as abundant in mother's milk as is casein. This fact explains why mother's milk is so much more apt to agree with the baby, the lact-albumen being so much more easy of digestion than the casein.

The average composition of mother's milk is proteid 1.50 per cent, fats 4 per cent, sugar 7 per cent, salts .15 per cent, water 87.35 per cent, but many analyses of mother's milk show a wide variation in the proteids and fats, the proteids varying from .50 per cent up to 5 per cent and the fats from .65 per cent up to 6 per cent. As a rule when the proteid is in excess, fat is also; but in some nervous women particularly the proteid may be high and the fats not. The sugar varies but little, as do also the salts and water.

If the mother's milk does not agree with the baby, it will be evidenced by the following:

1. The baby fails to gain in weight.
2. It nurses a long time, and even then may not be satisfied.
3. It nurses eagerly for a few moments and then cries and refuses to nurse.
4. The baby frets much, has colic, and sleeps but little.
5. The baby vomits, or has diarrhea, and the feces are green in color and contain little lumps of curd.
6. The feces smell sour and are foamy, or smell very foul.

If one or more of these things appear, we know that the milk is not agreeing and must seek for the cause. This is found most frequently in the composition of the mother's milk, but we must not forget that at times the fault lies in the baby. There is either some incipient disease, or the child has a feeble or disturbed digestion and will require treatment.

If the mother's milk is at fault, it should be examined and the proportion of fat and proteid determined. If one has access to a competent chemist the way is easy, but with most of us such a man is not at hand; and if he were, few of our patients would be willing to pay for it; so we are compelled to depend upon chemical facts and rather crude methods of examination.

There are three conditions of mother's milk that are most likely to disagree with the baby:

1. An abundant, overrich milk.
2. A milk poor in quality and small in amount.
3. A milk abundant but of poor quality.

A woman whose breasts are large, firm and covered with veins; who is strong, well and cheerful; who is eating much

The chicken coop had not been cleaned for a month; so we showered the outside freely with cold water, a la Brand.

X-rays have been used with success in lupus, epithelioma, sarcoma, carcinoma, eczema, keloid, etc.—*Illinois Medical Journal*.

rich food and taking little exercise, is apt to have plenty of overrich milk. The baby shows it by nursing only five or ten minutes and not taking all the mother has. In a short time the baby vomits or has severe colic. Its stools are copious and contain a large amount of curd, and are at times green and sour. If the weather is hot or these conditions continue for several weeks the condition of the baby becomes alarming, and many doctors wean it and put it upon artificial food of some kind. It is very desirable, however, to first make an intelligent and earnest effort to so change the mother's milk that it will agree with the baby, and fortunately it can often be done. It has long been known that the proteid in the milk is the chief source of the trouble, and our effort must be first directed toward the correction of this, by lessening its amount. This is done by the following methods:

(a) Have the mother take outdoor exercise, vigorous but not to the point of exhaustion. It should be regular and preferably twice a day. Walking is an easy and efficient mode of exercise. But any plan that puts the muscles into an activity which makes them use a part of the proteids, can be used.

(b) The diet, especially the proteids, should be reduced, and made more liquid, and alcohol should be prohibited.

(c) The woman should be encouraged to believe she will be able to nurse her baby and kept from all excitement and worry.

(d) If the quantity of milk is very abundant, it is advisable to use the breast pump before the baby nurses, leaving barely enough to satisfy the baby after nursing for about fifteen minutes. This method is based on the principle that

fore and middle milk contain a large per cent of proteid while the last contains less proteid and more fat. If the fat still continues to affect the infant, the mother must be still further restricted in regard to her food, particularly in regard to the proteid and fat.

We must always remember that the final test is not how much proteid and fat, but does this milk agree with this baby?

2. If the milk be poor in quality and scanty, an examination of the milk may show that it is too poor to try to change it, but if the mother is fairly well nourished and anxious to nurse her baby we should do what we can.

This condition is usually found in an anemic, emotional, careworn mother, and our efforts should be directed to these conditions first.

(a) Proper tonics and good nourishing food, particularly beef and milk, with outdoor exercise, should be carefully followed out. The mother should increase the liquid in her diet.

(b) Undisturbed rest at night is essential in these cases and the mother should be relieved of the care of the infant at night.

(c) The breasts should be thoroughly but gently massaged two or three times a day. Great care must be taken to render the breast aseptic and also the hands of the masseuse. A mild antiseptic ointment may be used.

(d) Shorten the intervals between nursings. This helps to increase the solids of the milk and make it richer.

3. If the milk is abundant but poor in quality, we should

(a) Give the mother careful tonic treatment, to get her in the healthiest possible condition.

X-rays have succeeded in hypertrichosis, sycosis, nevus, lichen planus, pruritus, keratosis, acne, etc.—*Illinois Medical Journal*.

Minor in the Cincinnati *Lancet-Clinic*, mentions enough medical centenarians to show that we can live 100 years if we choose.

- (b) Shorten the nursing intervals.
- (c) Decrease the exercise the mother takes.
- (d) Decrease the liquids in the mother's diet.

In conclusion let me urge you to use your full influence in persuading mothers to nurse their babies, if they can. Do not be in too great a hurry to put the baby upon artificial food. Many times the mother's milk can be modified, by

the means suggested in this paper, so that the baby will thrive and the mother and doctor will have the satisfaction of knowing that their efforts have been crowned with success.

Changing too soon is a confession on the part of the doctor that he is either too ignorant or too lazy to get the results desired.

Topeka, Kansas.

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THE ANTISEPTIC TREATMENT OF TYPHOID FEVER.

By William F. Waugh, M.D.

Professor of Practice, Illinois Medical College.



William F. Waugh.

IN the May number of *The Medical Standard* appears a paper by Dr. James G. Mastin, entitled, "A Protest against the so-called Antiseptic Treatment of Typhoid Fever." As the writer has advocated this so-called antiseptic method for many years, and many physicians have adopted it at his advice, he feels it incumbent on him to examine the argument presented against it.

Dr. Mastin first objects that he finds no "new" remedy advocated. What has that to do with the question? Must a remedy be "new" to be good? Is there no virtue in an old one to be had from better preparation, more scientific usage? Are no new properties ever discovered or new applications made of remedies already familiar? Can Dr. Mastin cite a single "old" drug whose uses and capacities are completely known to the medical profession? Does he know all the possi-

bilities accruing from Epsom salts? The argument is so trivial that its only need for notice lies in the fact that his use of it shows the animus, the determination to grasp anything that may aid in discrediting the cause he attacks.

Next, he objects that the advocates of antiseptics use as adjuvants dietetics, hydrotherapy, symptomatic treatment, etc. Why not? Do the advocates of that ostrich method of Brand use nothing else? Then they neglect their duty, which demands the employment of everything that will conduce to the patient's recovery. And this is the object, rather than the exploitation of any method or remedy. Dr. Mastin seems to ask for a miraculous "cure" that will enable the doctor to give a few doses and neglect all else. Such things are very common in medical practice!

He next condemns calomel as an impossible antiseptic. Since Wunderlich it has been understood that calomel at the beginning of a typhoid cleared out the mass of fecal matter from the bowels and rendered the course of the malady more favorable; but why this effect should be

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The spread of the opium habit in the Philippines is arousing anxiety. It is proposed to enforce an old Spanish law against it.

Solis-Cohen reports anuria and coma from heroin gr. 1-12, and pronounces it one of the most toxic of the group.—*Amer. Med.*

saddled upon a suppositious transformation into corrosive sublimate and its germicidal properties is not clear. The fact of the benefit obtained from the calomel is the reason for its use. That it would be easier to render the bowel aseptic without a mass of fecal matter in it seems too obvious for discussion.

He pronounces the sulphocarbolates of uncertain antiseptic value; in saturated solution they do not destroy Eberth's bacillus; under favorable conditions they exhibit antiseptic properties; they are absorbed and eliminated without change. "The bacilli of typhoid fever are many times more resistant to the antiseptic action of carbolic acid and its compounds than is the patient to its toxic influence."

This argument is not aimed at the antiseptic treatment of typhoid fever, but against one explanation of its action. When the modern germ theory was exploited the medical profession assumed an attitude of hopeful anticipation that it would result in an improvement of our therapy by giving us remedies aimed directly against the micro-organisms. This is practically the present attitude—perhaps a little less hopeful. We who use and believe in this antiseptic method know the results of its application; we await the explanation of the *modus operandi* of how those effects are produced. If it be not by directly killing the bacilli, the first crude explanation offered, it may be by preventing their reproduction, or their production of toxins, or chemically neutralizing their effects, or by some or any other effect; the value of these agents remains, whether we can explain the rationale of their action or not. Let us see how Dr. Mastin treats the clinical evidence in favor of this method:

"The temporary administration of certain drugs of this class may have in some instances exerted a favorable symptomatic influence upon the gastro-intestinal derangements of the disease." That's all. Dr. Mastin rates us highly. He thinks that the firm faith in these agents that has withstood the settled opposition of many authorities, a faith held by many, even thousands, of intelligent practitioners, men whose lives have been spent in the active practice of medicine, could have been won by remedies that have merely some slight beneficial symptomatic effect. If that is Dr. Mastin's method of explaining a situation, a sample of his diagnostic ability, we would scarcely care to trust it without further counsel.

It is not wise or scientific to understate your opponent's position; it merely serves to show that the person doing it is not trying to ascertain the truth of the matter under discussion, he is a partisan, and endeavors to establish his view alone.

He says: "There is no adequate evidence to show that any of them, or any combination of them, persistently administered throughout the course of the attack, is capable of any definite favorable modification of the toxemia, or of uniformly abridging the duration of the attack, or notably reducing the death-rate in large series of cases."

Here is a specimen of the evidence which Dr. Mastin considers of no value: I have now used the sulphocarbolates as my main reliance in the treatment of typhoid fever for nearly a quarter of a century. In that time I have had no death. The universal results of the treatment were as follows: The bowels being emptied by calomel followed by

A tremendous increase in the mosquito nuisance is reported in and about New York City.
—*Post-Graduate*.

"Honor and fame from no condition rise; act well your part," and then go advertise.
Just so.—*Diet. and Hygienic Gazette*.

salines, the sulphocarbonate is given in two-hour doses until the stools have no odor. By this time we note that the temperature has fallen one degree or more, the delirium has ceased, the aching likewise, headache stopped, tympanites, diarrhea, gurgling and abdominal pain have disappeared, and in every respect the patient is improved. The earlier the treatment is begun the better are the results; if promptly instituted the case may be aborted or its course materially shortened. In all cases the symptoms are reduced in severity to such an extent that the attack is deprived of most of its danger. When the treatment is not instituted until a later period the benefits are much less, but even here the benefits of rendering the contents of the bowel aseptic are incontestable. If ulceration has already occurred the sulphocarbonates are not the best remedies to promote healing and better results have accrued from the use of turpentine and silver. This has led to some disappointment in the use of these agents, physicians who employ them for the first time only commencing with them in grave cases when under the old treatment they have become desperate, and then asking where are the marvels expected of the sulphocarbonates. But when used efficiently from the beginning there is an unusual proportion of abortive cases, and of the others a singular absence of complications, accidents and sequels. The invariable cessation of tympanites alone means a great diminution of the danger; the prevention of ulceration much more, and if there is no action whatever upon either the typhoid bacilli or the other microbic denizens of the alimentary canal, the complete deodorization and disinfection of the contents of the bowels means

a stoppage of toxin absorption into the blood from this source, to which the benefit may be assigned. When these invariable effects are noted, and the corresponding improvement in the patient's condition, amounting on the average to an abatement of forty per cent in the symptoms, it is not easy to persuade the observer that the remedy is useless or the improvement due to chance. And when this experience has been uniformly met for a quarter of a century, and has been confirmed by hundreds of other physicians, it takes more than *a priori* reasoning to efface the belief.

In summing up my case, let me remark that I am not wedded to any explanation as to the mode of action of the sulphocarbonates in this malady. My belief is based on the invariable results following their administration, on the success thereby won, a success too marked and continuous to be explained away by any specious hypotheses.

Dr. Mastin describes the pathology of an attack, showing that the typhoid bacilli are not to be found in the stools till the sloughs appear; hence the antiseptic treatment is directed against organisms not in the intestines till the disease is at its height and the patient suffers from a toxemia over which the remedies have no control. This argument is directed against the theory that all the phenomena of typhoid fever are directly and exclusively due to the bacillus of Ebertha, a theory for the proofs of which we would respectfully ask. Our own observations go to show that of the phenomena occurring during an attack of this fever about two-fifths are directly due to toxins generated in the alimentary canal, because they disappear when this tract is cleared of its contents and rendered as



Constipation: It is the custom to give cathartics in mixture, and there is much carelessness in mixing them.

Convalescence: Berberine contracts the relaxed connective and restores the appetite and the digestive powers.

aseptic as full doses of sulphocarbolate will render it. As to what organisms give rise to the toxins thus removed or neutralized, we have no theory to offer—we are clinicians, not theorists. It is a far cry to holding the bacillus of Eberth guilty for all that goes on during an attack, even if it were the true first cause of it.

He ascribes first place in the treatment to a properly regulated diet, avoiding or correcting fermentation and its results, and his ideal diet is milk. With this I cannot agree, as curdled milk becomes a source of danger. And I cannot admit that diet alone can give as good results as the treatment I advocate. Hydrotherapy he places next, as is to be expected, as the opposition to antiseptics centers in the advocates of the Brand method. But while I do not deny the value of water inside and outside, as an antipyretic it only smothers a symptom, and cannot be looked upon as fulfilling a very high ideal of treatment. Nor can I second his use of alcohol, that delusion of the ages; while as to opium to control delirium, etc., it is better to use antiseptics and have no delirium.

He permits antiseptics, however, for the associated intestinal catarrh, to check fermentation, overcome diarrhea, prevent tympanites, or against bacteria extraneous to the typhoid process. And the conviction is strong as I read, that Dr. Mastin has little conception of how much is embraced in these admissions. I have read and reread this paper without detecting any evidence that the writer has even given a trial to the method he writes down. Like all its opponents he sets up an array of good reasons why the treatment cannot do something he assumes to be necessary, and fails either to give

the method a trial or to show why those who have tried it get such an enthusiasm for it.

But in finance, in medicine, in all the walks of life, two species of men are to be found; those who demonstrate that an enterprise cannot succeed, and those who go ahead and make it succeed.

The question of diagnosis in the early stages of typhoid fever is debatable. Dr. Mastin considers from eight to twenty days must elapse before treatment is applied. I believe most cases may be recognized long before the Widal test is demonstrable. The aching of the bones on which the patient lies, necessitating frequent changes before sleep comes, the bloating and abdominal discomfort with sweating after meals, the broken, incoherent dreams gradually dawning upon the consciousness until they occur during waking, the growing weakness, the irritation of the bowels following the inevitable cathartic, and the environment pointing to typhoid in some instances (as where one case is followed by others in the same house), render it possible to be morally certain we are dealing with a typhoid in some instances long before the laboratory methods enable us to confirm the diagnosis. And what is the Widal reaction in the hands of any practitioner of experience but a confirmation of his diagnosis already made and acted upon? Moreover, in cases of doubt we may rely on the dictum of Osler, that a continued fever without other obvious explanation, is so much more likely to be typhoid than anything else that we may accept that hypothesis until disproved. Of course cases of this sort treated by the sulphocarbolates so early that they are aborted are not to be counted as such positively; but the man who has had full

Enuresis: Anemonin has been specially recommended for cases in young girls at or past the age of puberty.

Constipation: Chelidonin and chelonin have been recommended as efficient in bilious cases; of either gr. v daily, divided.

and plenty of experience with this malady may have his belief concerning them. And when invariably, when the doctor adopts this method, such cases multiply so that he finds himself no longer able to diagnose typhoid (so many cases occurring that he is morally sure are such, but get well in a few days), while all about him the other doctors are having the usual forms, he may be pardoned for trusting the evidence of his senses, and ascribing the change of type to the treatment.

I have been a medical journalist for nearly twenty-five years. I have formed the habit of studying the opinions and beliefs of physicians, of tracing these beliefs to their source; and have learned to treat them with respect. The deductions of a shrewd old practician from his clinical observations are to be treated as effects whose causes are as well worth study and elucidation as any laboratory experiments, and indubitably more likely to lead to more valuable therapeutic applications. The man who ignores this whole mass of testimony can scarcely be considered a broad thinker or a safe guide. And among this class of men I have noted with some surprise the growth of

a view like this: Conversing with one of these men, I asked him if he was trying to induce his fellows to use the sulphocarbolate method. He replied that he was not. Why not? He replied: "Every last man of them has had this method fully described and urged upon their notice. The requirements of ethics have been fully complied with. If they want to know how I am treating my cases I am ready at any time to tell them. But if they do not choose to adopt this method, why should I go out of my way to persuade them to do it? They are losing their cases, while mine recover. I am winning a reputation that is carrying me to success. If they only hold out against these new methods a few years longer I shall be independent. Now if there is anything in the code of ethics that compels me to go out of my way to cram down their throats these things they do not want and will not have, just point it out. I am not worrying over their failure to catch on."

And with the suggestion that in this remarkable phenomenon some of my readers may find food for thought, I leave the question.—*Medical Standard.*

THE TRUTH ABOUT EPILEPSY, ITS SUCCESSFUL TREATMENT.

By Horatio S. Brewer, M.D.

ELATIN, *Morbus, Sacer Seu Comitallis.* German, *Fallsucht.* Spanish, *Caduco.* The history of this strange affliction is lost in remote antiquity. Hippocrates mentioned it, but defined it very poorly.

During the last 20 years more has been revealed in relation thereto than ever before. Some have claimed that this is the identical trouble that manifested it-

self in the time of our Savior. Many who are thus afflicted manifest no impairment of their intellect. If anything, they often display wonderful genius. The Great Cæsar is said to have been a victim of "seizures" and Napoleon the Great was a victim of epilepsy. We have met with a number of artists and musicians who were thus afflicted. In fact an epileptic is usually, by nature,

♥ ♥ ♥ ♥ ♥ ♥ ♥

Constipation: Never give a cathartic without a clear idea of its specific fitness for that special case.

Cystitis, Acute: For gonorrheals saturate with calcium sulphide, a grain every hour till breath smells of the drug.

above the average in intellect. This until blighted by the disease. Hence the great importance of the subject of successful treatment.

The many phases of epilepsy are too numerous to describe in an article of this length, therefore I will only speak of the varieties best known and commonly understood as "*grand mal*" and "*petit mal*." It has been contended by most writers, that the convulsory type is but a symptom of some obscure disease of the brain or spinal cord; and while I think disease of either may and often does produce convulsions I doubt very much whether this type of seizure should be classed as epilepsy, for after a seizure many cases seem in a better condition than before. Some are otherwise in the most robust health; some take great pleasure in athletics; two I have known were pugilists; six were school teachers; three were civil engineers; five were clergymen, and one was and is the most successful of merchants. Autopsies of epileptics have never revealed to me any disease of the brain or spinal cord. In fact there was found nothing to indicate but what they would have lived a long life had they not met with the accident or intercurrent disease that took them off.

I have noticed, in true epilepsy, that a change in the moon's phases have more or less influence in promoting a seizure. The sun and the moon affect more or less all vegetation and horses and cattle as well as all neurotics are more nervous and fretful at the "full of the moon" than at any other time. During my years of stay in China I found that it was considered by the Chinese as unsafe to lie in the open air with the head uncovered and exposed to the moon.

We know that the word "lunatic" is derived from Luna, the moon. Vertigo, double consciousness and hysterio-epilepsy are often in my opinion induced by the moon's rays.

Epilepsy may be only a symptom of disease, and yet we are prepared to make good our assertion that the epileptic is freer from all ordinary disease than any other class of human beings. In fact the epileptic is in a class by himself.

Gowers, Gray and The Hospital Salpetric de Paris, all claim that they are not able to define the cause if it is not the symptom of disease. Falret describes an epilepsy which he designates "*Larvet*," and this form he claims is the one that produces insanity. He says that in this type there is never any *petit mal*.

To discover *petit mal*, in its different phases, one has to eat, sleep and be constantly with the patient. All have more or less *petit mal*. The seizures are, however, so slight, that the ordinary observer would not discern them. I once knew a case that manifested itself only in the opening and closing the little finger, others twist the neck until it seems that the neck would become dislocated, yet not at any time do they lose consciousness. There are so many manifestations of *petit mal* that I cannot enumerate them here.

I believe, and the reason seems perfectly conclusive to me, that instead of epilepsy being the cause of insanity, it is more often the inane treatment that is administered to relieve epilepsy that does the business.

If a hearty, sound man should submit to the prolonged drugging that is given the poor epileptic he would be very apt to close his career in an asylum. Reader,



Cystitis, Acute: To relieve pain and quiet irritation, cannabis, or hyoscine, is better than morphine or codeine.

Cystitis, Acute: Anodynes, alkalies and attitude, was Goodman's three-A prescription—of course recumbent attitude.

stop and 'think it over. How are epileptics treated? What would be the result of two years of such doping on you?

Esquirol, as a test, divided several cases into groups, placing each on a different treatment. To one group he gave pure placebos and found that the placebo was as effectual as anything.

The homeopath, with his law of *similia similibus curantur* has produced the *similium* and yet he cannot phase it.

The eclectic has tried lobelia, passiflora, hydrastin, ipecac, and all the roots and herbs and is still up a tree, and the so-called "regulars" are just as much at sea.

It was the Chinese, not Hahnemann who discovered the law that "like cures like," while what the world calls civilization was yet in embryo.

Eclectics may delude themselves with the theory that Thompson was the founder of eclecticism and yet in the 5th century, before the advent of Christ, Yong Yen So, a Chinese celebrity and a great naturalist, had described the action of these same roots and herbs. He also described what we term as epilepsy, but did not class it with disease.

It was the Chinese not the Germans who discovered the microbe and the bacillus. Sneer as much as we may at their old rusty civilization, there are untold wonders in it that will yet come to light. They have a bulky, cumbersome but wonderfully fruitful *Materia Medica*. Their pathology and therapeutics are founded on the experience of ages. They have solved the problem of how to live, and dying never disturbs their equanimity. They are a nation of born psychics—spiritualists.

Pure, true epilepsy is not a discoverable disease, although many an abler writer than myself makes the claim, but not of their own knowledge. They simply quote some other authority who likewise is in error. What we want is facts. I am giving you what I know.

We class Chinese medicine with the absurd, and I admit that it so appears to our civilized (?) eyes. We think we know the Chinaman because we have come in contact with a few coolies, like Hip Lung and Li Hung Chaing. The latter was a shrewd old political money getter, but did not by any means represent the conservative, highly cultured Chinese scholar and gentleman. You could no more induce one of these to accept our civilization and its religion than you could make a pig fly.

The "top notch" Chinaman reveres his ancestry, invokes and supplicates them as the Catholic reveres and invokes his Saints. To supplicate the spirits of one's ancestry seems more reasonable to me than to invoke and supplicate a saint who may not be able to understand one's language or wants, and has not the sympathy that blood involves.

The Chinese are a nation of very learned men as well as very ignorant men—learned and ignorant in the extreme—and if you want to discover anything that you have been unable to discover you may depend on it you can find it somewhere in Chinese literature or arts. It's awfully absurd, you know, to find that they knew all about the blood serums, the leucocytes, phagocytes, dried lizards, mushroom serums, the sting of a honey-bee to cure rheumatism, etc. (By the way, it was the latter that I prescribed for the editor of the *CLINIC* years ago, when he was afflicted with



Cystitis, Acute: For severe inflammation with fever, aconitine does its magic work as in other inflammations.

Cystitis, acute: The irritability is said to be sometimes relieved by very minute doses of cantharidin, but take care.

rheumatism, and I learned the trick in China.) Now a German has made "a great discovery" something new, viz.: that the sting of a honey-bee cures rheumatism. In my next article, if the editor permits me the space, I will discuss the following propositions:

1. That epilepsy is not a symptom of a disease.

2. That those cases that have seemingly recovered while using drugs got well in spite of the drugs (if they recovered at all).

3. That like Christian Science, Religious fanaticism, cursing and swearing, the morphine habit, love sickness, and wetting the bed, epilepsy cannot be cured by the use of drugs.

4. That epilepsy is produced by a microbe and that the Chinese are the only people on earth that have found out how to get rid of it.

5. That I know how they do it and that I can stop the seizures at once and keep them off from start to finish, using only the methods of the so-called heathen Chinese. This I will do and explain how I do it but I will not guarantee that every one (or any one for that matter) can get the results I do.

1037 Early Ave., Chicago, Illinois.

—:o:—

I have asked Dr. Brewer to make these statements to stem the flood of inquiry, as to means and method, that is constantly coming to me from the CLINIC family. Dr. Brewer unquestionably cures epilepsy and does it on the alkaloidal platform *cito tuto et jecunde*. I have myself taken two to four ounces of his treatment as a pleasant drink without the slightest effect excepting one of exhilaration, and yet the average

medicinal dose is only a tablespoonful.

On request I was also supplied with a sample letter which I take pleasure in quoting word for word only omitting names.

—, Missouri, Aug. 3, '03.

Dr. Horatio S. Brewer, Chicago.

Dear Sir: I received your letter of July 8th and was very glad to hear from you and to know of your meeting a "certain fine-looking man," and want you to know him to be my husband. Yes, you are right, he is interested in my case. I am so proud that he met you and you have had a long talk about my trouble and treatment. My husband wrote me about the visit with you and was home in a few days and told me all, he now has more faith than he ever did, he is positive you will cure me.

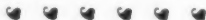
I intended writing you some time ago but put it off till now. I must tell you how I am feeling. I am improving in strength all the time, and I have not had an attack of nervousness since I begun the treatment, I mean a severe attack,—a light one in April, was so light I did not mention it. I never went to bed. I am so pleased with the effects. I believe I will soon be well. I am getting over those headaches, I wrote you about. I increased the dose. I also take a double dose during monthly sickness.

I am not like the same person this time last year, so much improvement. I don't think I could have stood what I was going through another year. My whole family notice the change. I will quit for this time.

Yours,

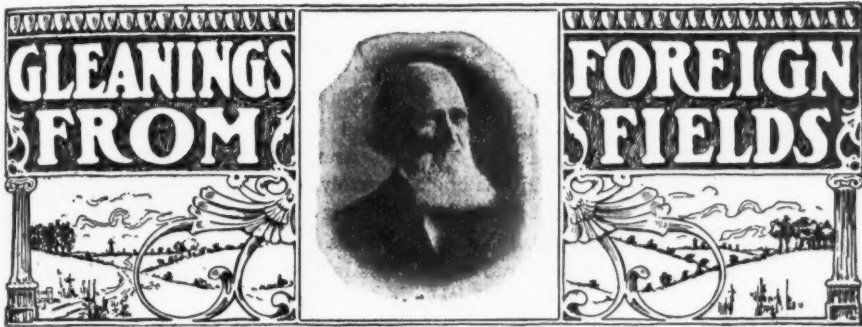
P. S. The rash on breaking out does not bother me any more. I had your prescription filled, took just a few doses, and did not need any more.

If, as it appears, Dr. Brewer has dug up The Truth About Epilepsy it just scores one more victory for the CLINIC family.—ED.



Convulsions: Be cautious or bold in the use of purges, as the conditions indicate; act decidedly, but not rashly.

Convulsions: The bromides of arsenic and nickel replace the big-dose bromides well in preventing the return of fits.



Translated by E. M. Epstein, M. D.

CAFFEINE.

Caffeine: Its Tonic and Muscular Action. A study of the comparative therapeutic effects of caffeine, digitalis and theobromine, ascertained by means of cryoscopy (freezing point).

P. Lenoir and J. Camus became convinced that to ascertain the value of a diuretic it is not sufficient to measure the urine voided in twenty-four hours, but it must be determined by cryoscopy. They therefore administered to both healthy and sick persons fifteen times caffeine, as many times digitalis and fourteen times theobromine. The medicaments were given by the mouth. The doses were: Caffeine 0.25 to 1 gram (gr. 3 3-4 to 15), digitalis 0.15 to 0.25 grams (gr. 1 3-4 to 3 3-4), theobromine 1.5 to 2 grams (gr. 22 1-2 to 30). These doses are those commonly given and from them it was expected to arrive at a certain comparative therapeutic value of the three medicaments.

Making these comparisons with these doses both in healthy and sick subjects it will be found that the action of caffeine and theobromine is rapid and that it reaches the maximum of effect on the first day. The action of the caffeine is, however, more accentuated than that of theobromine. The effect of these two

medicaments ceases when they are given continuously for some days and then either stopped or the dose diminished.

The action of digitalis becomes apparent on the second or the third day only, and its effects are more continuously sustained than those of the two others.

The more easily modified quality of the three medicaments here investigated is that of diuresis, and this, as will be readily inferred, has reference to the elimination of sodium chloride. The mere watery diuresis is easily enough obtained but to obtain the diuresis both of water and of the elaborated molecules of sodium chloride, which is to get the great useful effect, this is obtained with more difficulty. And yet this is just the effect which should be inquired after, for if it is produced soon there is then danger in most cases that the medicament will be unduly prolonged to be administered. On the other hand it was observed that the action of caffeine and theobromine disperses quickly and it can be generally said that the prolonged administration of these two medicaments is of but little use. When, however, there is an indication for rapid diuretic action, then the choice falls justly on caffeine.

The author's desire is no more than to present the results of a new mode of investigation, viz., that of cryoscopy (freezing point of fluids according as they contain more or less solids in solution), a mode which is both easily managed and sufficiently precise.

The authors are aware that in dividing patients into cardiac and nephritic ones they proceed rather schematically, since these two diseases easily revert into each other; still they choose as pure clinical types of either of these as possible.

The medicaments under consideration have their effect upon healthy persons but more so on the sick, and the authors might therefore have chosen dropsical persons for their investigations, and so made the effects of the medicaments even more manifest, but they preferred and rightly so, rather persons all of whose functions were not disturbed, so that the clinical type might be as pure as possible.

The practical deductions which the authors gathered from their observations as to dosage are as follows: 1.5 gram (gr. 22 1-2) of theobromine showed itself to be feeble, giving little important results.

A maceration of digitalis 0.25 grams (gr. 3 3-4) gave useful results, yet it was thought that a higher dose of it would be advantageous.

On the other hand one gram (gr. 15) of caffeine which is commonly prescribed to be taken by the mouth, appeared to the authors to be too large, since satisfactory results were obtained from 0.5 (gr. 7 1-2).

These conclusions the authors insist repeatedly are not to be taken absolutely, as reference must be had always to the individual patient's susceptibility. Nor

is it ever to be lost from view that the doses here are intended for the determination of the diuresis only, while they will be different when caffeine is to be used as a muscular tonic, or when the object is to rouse the enfeebled energy an overworked heart threatened with asystole.

It is difficult to understand why Messrs. Lenoir and Camus chose digitalis in their comparative study of it with caffeine and theobromine, and not rather digitalin, and so be logically consequential, or compare digitalis with coffee and cacao.

As to theobromine, there was no reason to wonder that they got no important results from 1.5 grams, for our readers well know that to get a proper diuretic effect from theobromine we have to extend the dose to 3, 4 and 5 grams (gr. 45, 60 and 75) daily. But these exceptions aside, the studies of these gentlemen are not less interesting in their substantiating once more the fact of the diuretic action of caffeine, which certain authors deny; whose number, however, is getting gradually less the more the use of caffeine becomes general and its effects are better understood by practitioners.

And yet the chief virtue of caffeine is not that of diuresis, although this is important, but its excitomotor influence on the nervous system and on the muscles. And before enlarging on these last influences protesting notice must be taken of one of Eradmon's conclusions, from his labors in the pharmacologic institute of the university of Halle, and published in the *Archiv fuer Experim. Pathol. und Pharmacol.*, 1902, and also reproduced in a certain French medical journal.

The subject of Dr. Erdman's work

Convulsions: The fitty tendency is combated by cicutine hydrobromate, macrotin and the valerianates.

Convulsions: Dioscorein has been recommended as a useful antispasmodic, but we have neither experience nor reports on it.

was the essence of coffee, and by this he means the essential oil obtained by distillation when the burnt beans are treated with overheated steam. The French journal alluded to makes the additional extraordinary remark: "This, therefore, is a product analogous to our caffeine!! And to the cafeol of the German chemists." Confounding caffeine with essence of coffee is not an ordinary error. It is not intended to pursue here Erdman's researches in that essence, and the furfural-alcohol it contains and to which it owes its toxic properties. It is enough to mention the fact that while the essence of coffee is toxic to some persons, caffeine is perfectly tolerant to the same persons.

We also protest against his saying that certain authors doubt indeed that caffeine is the active principle of coffee. And this we see repeated in a French medical journal without frown and comment. Our readers know well just the contrary, that caffeine is as much the active principle of coffee as it is the principal medicinal stimulant to cerebrospinal, muscular, cardiac and renal activity. It possesses neither the aroma of burnt coffee nor those essences which give it that aroma, and which essences contain the furfural-alcohol, and hence the toxic principle which Erdman grossly confusing attributes to caffeine.

Summing up the action of caffeine on the muscular system it is as follows: It facilitates much, says Dr. Parisot, the muscular work, and permits the continuance for a long time without fatigue. In support of which opinion he cites the following experiences made by military physicians: (1) In a march of 27 hours there was observed a growing excitement in the marching of the soldiers. (2) In a

march of 55 kilometers (34.175+ miles) there was noticed liveliness that grew with every kilometer passed, and there were none of the usual stragglers. (3) Weakly men could effect an eighteen-hour mountain march without experiencing muscular fatigue. (4) An adjutant playing a whole night ran through 70 kilometers (73.5— miles) in a 12-hours' march, interrupted by only two hours of sleep. After this march he dined as usual and did not go to sleep before three o'clock in the morning. (5) A young man made fasting a bicycle run of 120 kilometers (74.564+ miles) taking nothing but caffeine, the fast lasting 42 hours, and next morning his condition was perfectly normal.

It is not within the scope of this paper to refer in detail to the experiments of G. See and Lapique, and a number of others, in order to establish beyond doubt both physiologically and clinically these properties of caffeine, and it must suffice to say that all these researches had for their aim to establish for the action of caffeine on the motor functions the following mechanism: "The voluntary motor influx leaves the brain after the administration of caffeine with greater energy and goes to act upon the more excitable spinal motor centers. In consequence of this double action there is a diminution of the sensation of effort and a prevention of fatigue, which is a phenomenon both nervous and clinical." (G. See and Lapique).

But these muscular properties of caffeine do not all reside in this mode of action, for in the presence of a violent muscular effort we can observe the ease which caffeine gives in the performance of it and then we must seek for another mechanism of action going to support

Convulsions: For puerperals, with feeble, tremulous, atonic pulse. give physostigmine cautiously, gr. 1-250 hourly.

Convulsions: For puerperals give veratrine boldly and fast till the pulse and fits are under full control.

the one mentioned above. This second property of caffeine is the power which it has of preventing breathlessness and consecutive palpitation when an extra muscular effort is made.

In easy and moderate work the elimination of urea is normal and the respiration too preserves nearly its normal rhythm, but where the efforts are repeated and prolonged in a given time, then there is manifest a certain dyspnea, a thirst for air, which is resolved into breathlessness and palpitations, which are accompanied by an increase of organic waste.

The researches of Oppenheim made those phenomena of physiologic chemical reaction quite clear.

All the researches made in the action of caffeine on the respiration and circulation go to show very plainly that this substance represses almost completely the consequences of muscular effort, even violent, made by and in the organism. G. See and Lapique put this in the following words: Caffeine puts an unaroused person into a condition of one who is aroused. It imparts to him so to say instantly that excitement which he lacked. We observe in the forms of respiration produced by caffeine modifications analogous to those which Maret showed to be produced under the influence of excitement.

Caffeine is therefore an excellent muscular tonic, applicable in almost all circumstances of life. A person may find in it the means for doing considerable amount of work in a given time without food, yet without fatigue or a sense of overwork. A patient, a convalescent, an exhausted weak person of any kind and from whatever cause, will find in caffeine a powerful remedy which will act against

the morbid debility from which he suffers, and which will give him the facility of maintaining artificially the physiologic equilibrium of the system necessary until the reestablishment of normal conditions of life.

The influences of caffeine, says Dr. Auchard, are felt in the muscular excitation which undergoes constant renewals according as the remedy is repeatedly taken in fractional doses. It renders the contraction of the muscles much easier, it produces a greater liveliness of movement, it obliges the muscles to put themselves in play to enter upon their functions. Caffeine in fractionated doses repeated every two hours determines a stimulation in marching, so that the person feels more at ease and goes ahead more lively, expressions which picturesquely convey the reality of facts. As a fargoing general tonic it is necessary to take it in fractionating doses to husband its effects. In this way we obtain a mild stimulation, progressive and persistent, instead of one single push, which while it may be necessary in some cases will be of no avail in cases where a protracted effect is needed. These fractionated doses are a prime necessity where a moderate and more persistent effect during a long time is desired. This is the case with cyclists who want to make a long run. In this and analogous cases the same quantity taken at one time will not have near that good effect as when it is taken in divided and repeated doses during the same length of time of muscular effort.

All physicians who use this alkaloid, and they are numerous, agree on the necessity of having a pure and reliable article.

Dowd says 95 per cent of female gonorrheas are curable. He will get himself disliked by the surgical men if he talks in that way.

Dental neuralgia is promptly relieved by glonoin in doses of 'gr. 1-250 repeated every ten minutes.—G. B. Perkins.

Miscellaneous Articles

PNEUMONIA "A SELF-LIMITED DISEASE."



MY EYES are tired seeing this hackneyed term of the old authors, so often repeated, especially by our eastern journals, when it has been so often demonstrated that it is only limited by the skill of the physician who has made himself master of the alkaloidal method of jugulation. I signified the above sentiment in a short article, to an eastern journal full of said hackneyed terms, and I suppose they thought me a fanatic and it found its way to the waste basket.

Writers also say that old people and drunkards with pneumonia nearly all die. Of this we will speak later on. I here make the positive statement that the up-to-date physician must jugulate pneumonia, and here give a case to illustrate. On May 11, was called to treat Miss H., 18, with double pneumonia and active pleurisy in left side just below the heart, temperature and pulse running high. She had the chill for this sickness just four days before, on Thursday, so it had four days the start of me. She was expectorating blood and mucus from both

lungs. We visited her at 10 a. m. on Monday, Tuesday, Wednesday and Thursday—three days' treatment, at which time her temperature was normal, pulse 80 and lungs clearing up. Quit Friday, but to be sure that all was right, visited her again on Saturday, found her convalescing nicely, and she needed no further medical attention.

The above is a fair example of my last twenty cases. The average active treatment of these cases was not more than four days.

I have but one death to record: A scrofulous, colored man, 52, whom I visited on the first day of sickness, and on the second day considered the case jugulated; left him a day and in my absence he violated all rules of sickness and the fourth day was a corpse.

Now about the aged: The well-directed alkaloidal treatment does not prostrate. Clear up and keep clean, control the fever, sedate the patient, and the old will get well almost as promptly as the young. This is our record.

Now for the drunkards: Keep the whisky out of them, and with the same treatment you will score a victory in almost every case. We mean it and have verified it.

One of the most unpardonable mis

takes of the medical profession at the present time is the almost universal practice of giving alcohol in any form to a habitual drunkard when he gets sick. It will kill nearly all of them, and I do hope the members of our profession will open their eyes to this fact, for we surely have tested it long enough to know that it is a fact.

During health every organ and tissue has been taxed to their full endurance, and in sickness they will almost universally resist its use, and push it from them with the same determination that they do tobacco, and one will kill them just as sure as the other if passed upon them. Try it, boys. Burn the whisky that you would give him, and give the poor drunkard a chance to repent, and thus you will save nearly all of them.

In evidence of the above, our drunkards do not die of pneumonia. Our motto is, the active principles of medicine, oft repeated, in minute doses, until the system is fully under their control, in the early stages of our acute diseases that so frequently kill. For the advocacy of the above method, I have been called homeopathic, mean and faultfinding, and ungenerous to my competitors, but humanity demands that we stand by our guns—human life is precious. My record is behind me, since we have used these arms of precision in the treatment of our fevers, pneumonias, threatened tetanus, and all those acute diseases that kill, and that record will sustain me in all the above conclusions.

Since so much has been said in the CLINIC, it seems scarcely necessary that we again outline a treatment for pneumonia. But I will say that in the case of Miss H. as an alternant I gave calomel and soda, gr. 1-4 and 1, two

every two hours till two grains of calomel were given, followed by Saline Laxative to prompt catharsis. Quieted the pleurisy by one hypodermic of morphine gr. 1-4. The use of the calomel did not interfere with the prompt use of the defervescent alkaloids till 10 p. m. the first day, after which all else was rested till the bowels were thoroughly cleaned in the morning; then continued till 10 p. m. the aconitine, digitalin and strychnine arsenate, each one granule, veratrine $\frac{1}{2}$ granule, every half hour, having given this dose every 25 minutes till 8 or 10 doses were given on the previous evening. As usual we helped to control the fever and headache by giving the first two afternoons, two 6-grain doses of Zomakyne, and after that gave smaller doses of Zomakyne when fever and headache inclined to return.

After the morphine died away we sedated with hyoscyamine and codeine enough to rest the patient, and a little emetin for the mucous membranes. After 10 p. m. the second day, the patient with fever much reduced rested quietly till four in the morning, when we gave 5 grains of Euquinine and repeated it at seven. At 8 a. m., having dropped veratrine, the same fever drops were given every two hours; on Wednesday the third day the Zomakyne was reduced to $1\frac{1}{2}$ grains twice in the afternoon. At 10 p. m. the patient rested quietly with very little fever till morning, on calomel gr. one-half followed with Saline Laxative in the morning. The pupils being somewhat dilated, the hyoscyamine was dropped after the second evening, in fact, the patient needed but little sedating after that time.

On Thursday the fourth day, the pa-



Diphtheria: Intestinal antiseptics should be given throughout to prevent infection of the alimentary canal.

Diphtheria: For the paralysis, give strychnine, or brucine in doses rapidly increased to the full effect.

tient needed but little medicine, but I continued the treatment in smaller doses every three to four hours till evening, when I dismissed the case to the nurse for convalescence, on the mild use of strychnine arsenate and two or three grains of Euquinine each morning for a few days. The patient needed no further medical attention.

Clean up, sedate, keep clean, and control the fever for 48 hours, and the inflammation will cease, and the case will promptly get well by resolution.

As a local application I use Antiphlogistine—never cold water.

DR. J. M. EVANS.

Clarksburg, O.

—o:—

I am rather partial to Euquinine, having found it agree with patients who could not take the ordinary quinine without inconvenience. But I do not use any form of it in pneumonia, except very large doses in the beginning of infants' pneumonias. There is no need of any effort to prove the value of the new method in treating pneumonia. The old doctor who has tried all the old ways and then this, knows perfectly well what he is about and what is the difference in results. *Those who do not care to try it may amuse themselves trying to belittle and minimize the results, but we know.*—ED.

FIRST EXPERIENCES WITH ALKALOMETRY.

CATARRHAL MALADIES, NASAL, ENDOMETRIAL, ETC.

Maladies of the mucous membranes are of such a widespread character, and of such great importance, that the physician should "by rights" pay far more atten-

tion to them than he does. The following abstracted correspondence may be of interest and suggestively helpful. We hope so.

A friend in Missouri writes of his early experiences with Alkalometry, some of it good and some of it bad. Says he likes the CLINIC and has got lots of good out of it, but lost his premium case to start with and so didn't get to try the granules as he should. Later he tried a few remedies with varying results, and as no doubt others have had similar results from similar causes I deem the space well used to discuss them. The doctor says:

"I read and tried to digest everything alkalometrical. Finally I summoned enough courage to order a selected list of granules, the results of which I will now give:

"Calcium sulphide failed me entirely. I gave a one-grain tablet about every two to three hours in a case of malignant scarlet fever. A mean abscess formed just the same, and I had to lance at three different places.

"Saline Laxative is a nice preparation, a splendid refrigerant by adding a teaspoonful to a glass of water in summer, but as an evacuator of the bowels it has proved in my hands "no go," unless one keeps on dosing all the time. Besides, it is too high for my use.

"Salithia. I used about six cans in a case where I thought it indicated (lithemic) with absolutely no results. So I quit it.

"Infant Anodyne, glonoin, heart tonic, calomel with aromatics, are all right.

"Buckley's Uterine Tonic did fairly well. In one case of sterility of five years' standing, it brought a girl.

"Dosimetric Trinity and Defervescent Compound are good, but they must be given hot and heavy.

"With most of the other granules I have not had enough experience to give an opinion.

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Diphtheria: For epistaxis give hydrastinine in full doses and syringe nose with solution of chromic acid strong as bearable.

Diphtheria: Helenine has been advised locally as a solvent. Apply it in powder or alcoholic solution.

"Eurol I am using in chronic nasal catarrh (four cases) with only one improving. My way of treating these cases is this: First a thorough cleansing of the air-passages with an alkaline solution with an irrigator, using several quarts of the solution. Then I used camphoral fluid with a Clinton nebulizer with foot-pump, via mouth. Then applied Eurol on a cotton-wrapped applicator to both nostrils. This I followed with Eurol with your oil atomizer to both nostrils. I advised patients at home to douche their nasal passages several times a day, winding up with camphoral ointment.

"To-day I got a Portable Eureka Nebulizer. Any suggestion as to treatment in the future would be gladly accepted.

"The case of endometritis, for which I asked you for advice and for which you recommended Eurol and berberine, looked like it improved at first, but she had considerable discharge one day shortly after her menses. Gave treatment twice a week as you directed. The case is as follows, and further help would just "tickle me":

"Married, fleshy woman of about 30, no children, had uterus curetted a year ago. She is robust and the picture of health, but has a continuous watery discharge which annoys and worries her. To me this case seems to be simply a hypersecretion of mucus and is normal, considering her stoutness and obesity. What do you say?

"Now, Doctor, if you have followed me so far, you'll see I am using the alkaloids wherever I can, even if I don't always get startling results. May be my fault.

"This is not for publication, but simply an honest and unbiased report on Alkalometry in my practice. I read with pleasure the CLINIC, and have Shaller's Guide.

J. G. F., M. D.

—, Missouri.

To this letter, an honest expression of the good doctor's views and a detail of



Diphtheria: Catarrhal forms may respond to cubebin, thymol, menthol, or any volatile oil, locally and internally.

his experience, I replied in substance as follows:

In view of the fact that medicine is by no means an exact science, I think you are doing quite well; and if you will permit me to use a revision of your letter [permission granted] along with the substance of this reply in the CLINIC, I am sure it will do you no harm and other similarly situated doctors a heap of good. I am particularly pleased with the careful analysis you have made of the action of the remedies you have used, and without saying whether I agree with your observations or not, I reiterate that it does me good to deal with a man who has a mind of his own and who is able to form a definite opinion from an apparent cause.

You begin right by getting THE ALKALOIDAL CLINIC. Unfortunately you lost the little case, which would have started you on the right road more quickly and perhaps more to your satisfaction, but that is in the past. Now we come down to your beginning with the remedies. Evidently as a matter of economy, you thought you would buy calcium sulphide in tablet form for the purpose of the large dose; and why it is that calcium sulphide in a compressed tablet does not act as well as in pill or granule form can only be explained by the hardness of the preparation. We are getting rid of the tablet preparation and recommend nothing but the granule of calcium sulphide. Again, many people expect results from calcium sulphide that cannot be obtained. They expect it to forcibly disinfect the whole body—it won't do it, and especially in the presence of decomposing substances in the alimentary canal where there is enough filth to use up all the vitality of calcium sulphide it will produce no apparent effect whatever. On another occasion, physic your patient thoroughly with a saline; disinfect with the c. p. sulphocarbolates (preferably the W-A Intestinal Antiseptic), and then fire in the calcium sulphide for its systemic effect—its action through the circulating fluids—then it will do all that

Diphtheria: Carefully sustain the heart by strychnine, brucine, digitalin, caffeine or atropine, as indicated.

can be done and you will have accomplished all that can be accomplished towards the prevention of the very troubles from which your patient suffers. One case of malignant scarlet fever is a very poor test of a remedy like calcium sulphide, which is only recommended in cases of this kind as helpful and modifying—not positively abortive or to be able to prevent absolutely all possible sequels.

Now a word as to Saline Laxative: I am glad you like it—it certainly is a very nice thing. You say it is a pleasant drink but “no go as an evacuator,” and yet to my personal knowledge tens of thousands of doctors are prescribing it with satisfaction. Saline Laxative is recommended as an evacuant when taken in from 1 to 2 or 3 heaping teaspoonfuls at a dose in a glass of water the first thing on rising in the morning, and excepting in an emergency it should not be taken at any other time; and when it is, the dose will have to be materially increased to produce the same effect. Saline Laxative is a “dandy” evacuator when the patient is moving around, and when taken on an empty stomach as above suggested. Doctor, try it again—give dose enough, and my word for it, you will change your mind.

Now, as to Salithia: Did you quit after trying it on only one case? Lithemic cases are most uncertain things to deal with. Are you sure you dieted properly, and that you put the patient in just the right condition to get the most benefit from Salithia? You do vote for Infant's Anodyne, glonoin, Heart Tonic, Calomel and Aromatics, etc. Good for you. They are all right, and Buckley's Uterine Tonic is a “dandy,” especially the improved formula, and you were mighty lucky to be able to bring that sterility case into “bearing” again. The Dosimetric Trinity, the Defervescent Compound and all other remedies based on minimum dosage must be given to effect, and often must be pushed far beyond the rules laid down to govern average cases. Just give dose enough and you are all right.

Catarrh is a troublesome thing. I have myself very grave doubts as to the value of watery irrigation in catarrhal trouble, in fact, I don't believe it is a good thing. I know it is recommended, but excessive mucus is, as a rule, the result of irritation; and my word for it you can take the healthiest nose that ever happened and throw it into a state of chronic catarrh by the constant use of watery douches. It is far better to use protective oil sprays, that by their soothing action, check the overflow of mucus, which is in fact in most cases merely nature's effort through this very abundance to antidote and dispose of irritation. Handle a few cases in this way, Doctor: Confine most of your treatment to the alimentary canal, clearing out, cleaning up and keeping clean, and introduce proper dietary measures, and see if you don't come out better. Euarol is often best used diluted two or three times with liquid vaselin in the form of a spray, and really Camphoral is also best used in that way. Cut out the douches, Doctor, and try it.

Now as to your case of endometritis so-called, I should let it severely alone. I think you are right in your conclusion, and if you put the patient on B. U. T. one in the forenoon, one in the afternoon and two at bedtime, and let her apply one W-A Vaginal Antiseptic every third night on retiring, douching with not more than a half-pint of lukewarm water the following morning, with Saline Laxative, or perhaps better, Salithia, a couple of teaspoonfuls in a glass of water before breakfast, you will find that you will overcome the plethora a little and that the patient will be able to live comfortably with herself. Not every so-called excessive secretion is pathological. While berberine contracts connective tissue it has no effect on vessels. Better give it with hydrastine, and as both act quite slowly, continue for three weeks to three months.

The doctor reported again after a few weeks, and says of the four cases of chronic nasal catarrh:

Diphtheria: Wash out the affected throat with strong peroxide every fifteen minutes by day and half-hour when asleep.

Diphtheria: The most effective local application is nascent chlorine; mix a dram each of pot. chlor. and HCl in water 4 oz.

"I began treatment the beginning of the year. One quit me, two I have recently discharged apparently cured, although I fear a relapse in the fall; and one occasionally takes a treatment. You have no idea how hard it is to get country patients to take regular office treatment.

"About Camphoral I have my doubts, but believe Euarol to be a good preparation. I wish you could put it up in such a manner that it can be used with a nebulizer.

"As to Saline Laxative, I tried it again on myself on getting up in the morning, when it will do its work, but during the day I can take it in teaspoon dose right along without any effect. Have used it on a patient after operating for piles. He reported that it acted on him shortly after taking it. From this we can see that it acts differently in different persons.

"Now as to my case of endometritis, so-called. I treated her up to June 9 according to your directions. She was not entirely free from the watery discharge, but considerably better than she had been, and I thought I would give her a rest. The husband reported that right after her first menses, after she was discharged, she had it for a day worse than ever before, but very little after that. Now I am waiting for her next period and if it happens again I intend to dilate the womb and pack it with a uterine packer with gauze soaked with Euarol. Since the 9th of June I have her on Buckley's Uterine Tonic, three to four pills per day, and nothing else."

Very truly yours,

J. G. F., M. D.

—, Missouri.

The following is the substance of our reply:

I quite agree as to the different experience in getting country people to take regular treatments. I also note what you say as to Euarol and its use with the nebulizer. I think you can accomplish this by adding to the Euarol a

little bit of Albolene or some other light petroleum oil to thin it down.

Your experience with Saline Laxative is perfectly normal. You have proven what I have told you—that it acts best when given on an empty stomach early in the morning, and with the patient up and around, and you have discovered that it acts much quicker on some people than it does on others. That's perfectly true—no remedy acts on a dozen people in the same way; and in the case of cathartics we find it out, and in the case of remedies that do not have visible effects we forget it, and wonder why our results are so unsatisfactory. Really, Doctor, you have got right down to the basic principle of Alkalometry and have discovered for yourself that dosage is but relative, the only true dosage being dose enough.

I am glad to know that your endometritis case got along so nicely. I think you are on exactly the right track and that a Euarol packing such as you suggest, will be first-class. Your use of the B. U. T. in this case is just right.

I have recorded this informal correspondence in this informal manner as the every-day experience of a good man just learning to walk the Alkalometric road; and in the hope that Doctor F. and others will be helped.—Ed.

NEW MEXICO.

The June number contained a query respecting a sanatorium at Albuquerque. Why not select this town? Its altitude is lower than Albuquerque by fully 1,500 feet, climate equally good, advantages in its favor. The town is rapidly growing, R. I. system runs through, two other roads terminate here—one already built, the other in course of construction.

I have 160 acres within one-half mile from depot and post office, of which 40 acres could be spared to commence on. It cannot be sold or leased but can be



Try local applications of cocaine, or of Campho-Phenique, for rigidity of the os uteri.—G. B. Perkins.

If cancer is of parasitic origin, a curing antitoxin may be found; and surgery will give way to the hypodermic syringes—Lorenz.

used if necessary. Being myself a New Mexican for nearly 20 years, part of which time being spent in army life, I believe I may call myself an authority on climate, etc., and consider this location better than Albuquerque. Of course Albuquerque has more advantages, being larger, older, and more settled, but in five years to come this place will rival many of our older cities. Can place other inducements before you but cannot "blow my horn too loud at first."

If your correspondent wishes to write me we can satisfy his inquiries and perhaps be of service to him.

DR. E. J. PRING.

Tucumcari, N. M.

—:o:—

The difficulty in all health resorts lies in the greed of their promoters. All of these places, according to their veracious owners, are good for everything in sight. Sometimes, someone, to show his absolute impartiality and probity, tells us not to send persons in the last stages of consumption when they are no longer able to travel, but with that exception the universal advice seems to be: "Send everyone of whom we may make a dollar." And so the knowledge that might make of these resorts blessings to the suffering is withheld, and the places neglected for those of Europe, where such information is attainable.—ED.

A PLEA FOR THE ACTIVE PRINCIPLES.

The dawn of a new day in the practice of medicine and therapeutics is fast approaching. Improvement is apparent in every department of surgery. Old methods that have been tried and found wanting have been discarded.

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Convulsions: In the puerperals give veratrine gr. 1-134, five to twenty granules at once, hypo, as per danger.

In the practice of medicine many of the old-fogy shotgun remedies are still used by some of the leading physicians of our country. The only reason that can be given for the use of such agents is custom. No wonder that we are often disappointed in treating the sick. The agents we use often have a different effect from the one we want or expect.

There is but one solution to the problem that has baffled some of our brightest men; Alkaloidal Medication. We mean by that the use of only the active and known principles of the different drugs. To illustrate: Cinchona bark was at one time used in its crude form. The powdered bark was administered for the cure of malaria. On investigation it was found that the only active agent in the bark that cured malaria was one of the active principles, called quinine. The chemist went to work and separated the quinine from its other active principles, tannic acid and impurities. The physician found that it was useless to give the other active principles, tannic acid, volatile oil, and a lot of inert matter, when only one thing was needed, quinine. Again, take opium. This drug contains about nineteen different active principles, all having more or less different effects on the human economy. Morphine, one of its active principles, is a powerful anodyne and sedative. When we want to ease pain we do not give opium but this one of its active principles, morphine. We get no complex action; we can tell about what the result will be, but when opium is given it may sedate or it may stimulate. No physician can tell what its action will be.

Digitalis is a much lauded remedy as a heart stimulant. Sometimes it stimulates

The immediate cause of sleep, as likewise its object, is still an unsolved problem.—Ferguson, *Diet. and Hygienic Gazette*.

and in some cases it depresses the heart-action. Why is this the case? The plant growing in different climates and soil will differ in its active principles. Of the plant growing in the sunshine, the main active principles are digitoxin, digitalin and digitalein. These three glucosides are said to represent the cardiac stimulating action of the drug. The 4th, digitonin, a glucoside, is one of the active principles of the drug that has an action identical with the saponin of senega. This is a cardiac depressant. So you can plainly see, gentlemen, why it is that we get so many different results from the administration of the tincture of digitalis.

The only way out of this dilemma is to use the active principles, that is, a true cardiac stimulant, namely, digitalin, dose 1-100 of a grain. By this course we avoid the cumulative action of the active principle digitoxin, and the depressing effect of digitonin.

Jaborandi was once used as a diaphoretic and to increase the flow of milk of nursing women, but its action was soon found so variable that the drug fell into discredit. Now the drug was all right, but it differs in its active principles, just like digitalis in its active principles. If you will turn to your *Materia Medica* you will find that jaborandi contains as its chief constituents, first, pilocarpine, second, jaborine; third, pilocarpidine; fourth, a volatile oil, pilocarpene. Pilocarpine is the active principle that produces the diaphoresis. The plant contains 1-4 per cent of this alkaloid. Jaborine, one of its other active principles, has about the same action as atropine, which completely antagonizes pilocarpine; for you all well know that

atropine stops sweating and produces redness of the skin.

No man can tell which alkaloidal principle predominates in any of the crude preparations. Aconite contains several different active principles. The main one that is of any use is aconitine. In doses of gr. 1-134 of the active principle every fifteen minutes, with strychnine arsenate as a bracer, it will soon reduce fever without the depression that accompanies some of the preparations of crude aconite, or acetanilid.

We already use many of the active principles, morphine, strychnine, atropine, pilocarpine, emetin, cocaine, and some others that I will not take time to mention now.

Pharmacopœcial substances or drugs derived from the vegetable kingdom should be studied closer. The composition of each drug should be studied separately. By so doing we may find the active principles of each, separating from the drug alkaloids that antagonize or at least modify the action of each other. I have simply named a few drugs in order to illustrate my idea of the alkaloids.

There is no patent on these preparations. No one school of medicine holds entirely to this view of the subject. But many progressive men of to-day are using the active principles. Some have discarded the tinctures, extracts, etc., as being unreliable and dangerous. My idea is that the alkaloids are the agents of precision, or as near it as the physician can arrive with our present knowledge of medicine.

I have been using many of the alkaloidal remedies for some time and find all of them that I have used reliable, with a uniform action.

Try them, gentlemen, and I believe



Sleep is only a lazy habit we have gotten into, said J. Gibbons Hunt. But organized nature requires rest.—*Dietetic Gazette*.

Ten more cases of smallpox reported in the *Bulletin* for August 15 in Chicago. Not one of the ten had ever been vaccinated.

you will decide that this is a scientific way to practice medicine.

DR. A. V. McREE.

Harris Grove, Ky.

—:o:—

These truths are being more and more appreciated by our active men, who care more for truth than for any theory, and whenever they obtain recognition they stick. And the most encouraging sign is the increased faith in treatment that follows.—ED.

OBSTETRICS IN MEXICO.

I want to tell you about a case I had a few weeks ago which shows you under what disadvantages a doctor works here.

I was called on Sunday morning to see a woman who had had a "*mal partum*," as the Mexicans say. I rode 18 miles on horseback and found the following conditions: Woman had been delivered of a female child the previous Thursday and the secundines had not come away (so her friends said).

Pulse was 125 and temperature 103.6° F. I examined and found the head of a second child in the vagina. Uterine inertia was complete and the woman seemed to be *in extremis*. After looking over the mud house in which she lived, I decided that the open corral would be a cleaner and lighter place for the operation, as the house had no windows whatever. After cleaning up I gave chloroform and tried to extract the child with forceps, but failed. Finally the condition of the mother being urgent I did craniotomy with a stiff probe and a cervical dilator, and removed the child, a male. There were two complete placentas and sets of membranes.

♥ ♥ ♥ ♥ ♥ ♥

Eight per cent of the milk tested in Chicago proved below grade; while 40 per cent of that tested at the trains was bad. Oh, these farmers!

I gave the woman at once one grain of ergotin, and left directions for one 1-6 grain tablet to be given every hour for twelve hours.

I left a number of vaginal antiseptic tablets for douches, and some 1-250 glonoin tablets with careful directions for use. The woman is making a slow recovery.

DR. GEO. B. LAKE.

Silao, Gto., Mexico.

—:o:—

The compensation for such conditions is that the patient being accustomed to dirt it has no injurious influence over her; and she does well where a civilized woman would surely die.—ED.

ACETANILID, SALICYLIC ACID.

There are many and varied opinions expressed about the use, abuse and danger of these remedies. Permit me to give you the results of my observations covering a period of fourteen years, following a similar period with such remedies as aconite, gelsemium, veratrum and others of this class, as sedatives, temperature reducers, and fever and pain controllers.

There is a great cry continually going up from many practitioners regarding the great danger of the coal tar derivatives. There is more danger to life concealed in one ounce of aconite, or veratrum, than in ten pounds of acetanilid. There is more curative power in one pound of acetanilid than one gallon of either of the other remedies. Acetanilid always gives its signs and warnings long before the danger point is reached, and the unpleasant effect is very easily and speedily remedied.

Even at the ridiculously low estimate of 1,885,000 population, Chicago's mortality for week ending Aug. 15 was only 13.36.

How is it with aconite or veratrum, when an overdose has been given? They are good remedies and I use them daily, but the acetanilid covers a field that is hardly touched by any or all of them, and does it so much quicker, pleasanter and safer.

All acute diseases where there is active congestion, rise of temperature, pain due to the increased temperature or congestion, no matter what the cause, will be speedily relieved, greatly benefited, and many times cured, by acetanilid and salicylic acid in combination, four of the former to one of the latter, given in frequently-repeated doses until the fever is brought down. And be sure and give enough to do the work. All the beneficial effect can be obtained just short of making your patient blue. When this condition arises suspend the remedy for awhile and all will be well, and it can be resumed again when the fever comes up or pain returns.

After a little experience with these remedies few cases will ever be given enough to blue them. When I first commenced their use I frequently had a cyanosed condition, but not once in a year now; and I use them daily more and more each year, and less of the aconite and veratrum. They are too slow for me. It takes a doctor with more patience than I, to still ride in the old oxcart when the automobile is going by. I know they are as far behind the coal-tar derivatives as the oxcart is behind the automobile. This is putting it rather strong, but I have had fourteen years' experience with each, and was slow to discard my old remedies and adopt the new, and for years my prejudice was strong against the new way.

When this combination is given a ty-

phoid case there will be little or no bloating, no offensive stools, and the fever can be kept within a safe range.

La Grippe and this powder cannot remain long in the same hide at the same time. All that is necessary is to give enough early in the disease. Reduce the fever, aching and discomfort of malaria with this before giving quinine.

Sciatica cannot stay when the system is saturated with this remedy, and will speedily get well. Rheumatism likewise.

These are only a very few of the places where you can use it to great advantage. Now, remember, this is only a part of a treatment. In all cases such other treatment should be used as may be required. Always remember to keep the bowels going well and thoroughly; and the Intestinal Antiseptics are all right and should most always be given. This combination does little or no good in passive congestion, or where the temperature is normal, and should not be thought of when a stimulant is demanded.

Pneumonia: I always reduce the fever and hold it down with my acetanilid and salicylic acid powder, and have never lost a case under this treatment in fourteen. I have found out that it is hard for an inflammation to make much headway when I control the fever and keep it down.

The beauty of this plan of treatment is this: It stops the progress of the disease in some way before much damage is done to either the fluids or solids of the body, and when the disease is stopped the patient is well, as his delicate mechanism has not been seriously damaged, the load being removed before anything was broken, as it were. The great and vital difference between the new and the old way is this: The old way we doctored till the patient got well, the new way

The place at Farley is taken by one of the first who wrote to me. I received seven letters.—C. A. Snyder, M. D.

Duque reports a puerperal infection, gonorrheal, temp. 106.7, cured by Hydrozone thrown into the uterus. Great!

we cut short or cure before much damage is done. By the old way we simply steered him along. Keeping him off the breakers by the new, we add the great propelling power of our remedies and shove him through at a much rapider rate. Who would think of using the sailboat to cross the Atlantic Ocean now?

DR. M. E. JOHNSON.

Pittsburg, Kansas.

—:o:—

There is danger in anything if not used with judgment. And the deadliest of poisons, prussic acid, may be applied with safety and advantage by him who understands it. The comparative danger of drugs is mostly the comparative knowledge, experience and skill of the user.

An excellent combination for those who prefer the coal-tars, is this: Acetanilid, salicylic acid and ammonium bromide, each a dram; caffeine a scruple. Dose, ten grains. This is good in neuralgias and almost any form of pain that is susceptible of treatment empirically.

—ED.

A CLINIC FROM THE TERRITORY

Here are a few Clinical Reports:

Case I. Intermittent Fever: Child, age eleven years; malarial paroxysm, severe. The first treatment was a hypodermic of atropine sulphate, and the chill was suspended in ten minutes' time. The fever followed very soon, at the temperature of 105 degrees. Antifebrin was administered in one-grain doses each 2 hours until the fever was reduced.

The next morning, early, the patient was placed on the following prescrip-

tion: Hyoscyamus fl. ext. 1½ drams, phytolacca, fl. ext. 1 dram, podophyllum fl. ext. 2 drams. Mix. Direct: Give four drops each four hours during the day, in a small drink of water.

Alternate with acid sulphuric aromatic, five drops each 4 hours in water—sweeten to taste.

The first above can be used in alkaloidal granules or tablet form—and let me say they are always best when at hand. This succeeded in checking the chills, as it did when I first used this treatment long years ago.

This medical treatment has stood the test, with care, in some cases that had gone the rounds of several other medicines; and I am glad to have such a valuable aid to present to the physicians who are desirous of finding another reliable prescription which will not disappoint them or fail when used.

This case of fever continued a few days more. The usual dose of calomel had been given on the first day. Antifebrin was continued until the fever stopped. About the fifth day the case made recovery and had no relapse.

This medicine cannot be given to very young children.

Case II. Typhoid fever: First case, man, 25 years old, had been robust in health, as he said he had never been sick in bed before. He did not take to his bed until the fifth day of the fever.

He had high fever, 107 degrees, and severe epistaxis. Administered calomel gr. x, sodium bicarbonate gr. v. M. et ft. chart No. III. Direct: One each two hours until all are taken. For fever gave phenacetin gr. v at a dose each 5 hours while fever continued, with water. About the second day and thereafter the patient was allowed lemonade, butter-

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The outfit and maintenance of a modern hospital are double what they were twenty years ago.—*National Hospital Record*.

Enuresis: Barosmin to full effect has been used; and sometimes we need all the aids we can rake together to do good.

milk, or soup—no solid diet at any time. Put cold packs over neck and spine, also for the epistaxis and coexisting nasal catarrh prescribed a compound powder of myrrh and hydrastis, used with powder blower in each nostril.

The second day, consultation; diagnosis assured. Treatment changed to the following with grand results: Quinine sulph. gr. ij, at a dose, each 4 or 5 hours, alternated with acid sulphuric aromatic, dose 8 to 10 drops in water two hours after the quinine had been given. With this treatment the case made good, and was out of bed and walking around on the seventh day, the twelfth day after the fever commenced. However the early rising of this case was very much against the physicians' orders and advice.

Case III. Another typhoid case: Married lady 19 years of age. Notice the difference in the diet and duration of these cases as a contrast. Received a prescription early. Fever slight, 2 or 3 degrees; hypertrophy of liver. Prescribed podophyllin a dose night and morning with Antifebrin for the fever.

The patient tried to keep up and did not take the medicine regularly—continued to eat various kinds of food.

After about a week the fever went from 100 to 102, then patient went to bed. Treatment was changed to aconitine and digitalin. Calomel was given in three doses at night. This patient would not remain on fluid or semifluid diet, but ate what she wanted, brought in from the table. Baked potatoes, mashed; rice, bread, fish, oysters, crackers, lemons or buttermilk drinks; or jellies. The quantity was moderate, but the kind of food she persisted in eating had been

prohibited throughout the entire time of her illness. She said she could not use prepared foods, soups or broths, or sweet milk, and never had eaten or drank any of them. The only untoward symptoms noticed were persistent headache and daily increase of fever to 99 to 102 degrees, and some insomnia each night for several weeks. The well-water was not in good condition and other drinking water was procured.

During this season there were a large number of cases in town. About one week before convalescence, the patient was moved 29 miles to her old home. This move was made by the consent of all interested, and the physician. The patient arrived at the end of the journey with no untoward symptoms, and improved more rapidly after that than before. This was a mild form of the disease, but lasted about five weeks; but what more could one expect when the patient persisted in solid food?

This mild case lasted about five weeks, no relapse.

The severe case lasted only twelve days—but did not partake of any solid food during the time of sickness.

Case IV. Persistent severe cough, with bronchial catarrh and menorrhagia. Lady with young baby, fever each day 99.7 degrees. Prescribed: Aconitine gr. 1-134, atropine gr. 1-250, digitalin gr. 1-67, one each at a dose, each four hours during the day. Alternate with one of Abbott's Alkaloidal Croup Tablets, three times a day. Use until effect and repeat for cough as needed.

For menorrhagia: Elixir Viburnum Comp. 4 oz. Direct: One teaspoonful each four hours until relieved.

Recovery in about two weeks of all except the bronchial catarrh, and for



Borts makes a plea for the use of baths in scarlet fever and cholera infantum.—*Cleveland Medical Journal*.

Sugar water, syrup, or sweet oil, will facilitate the removal of plaster from the hands after dressings.—*Medical Times*.

that special treatment was indicated but not at once commenced.

I have secured splendid success in more than one severe case of laryngeal croup, with the A. A. Co.'s tablets of calcium iodized.

I have used the Dermal Caustic in two cases of warts with success.

Speaking in general I have had great success whenever I placed the Abbott Alkaloidal granules to use, in the last eight years.

I have been a continuous reader of the CLINIC, and now it is growing larger we all shall like it much better.

Wishing the editor and all our CLINIC members success, I am,

Fraternally,

J. B. ASHFORD, M. D.

Owasco, I. T.

—:o:—

As Dr. Ashford has shown us, there is a whole lot one can do for a sick man, if he only knows how. Out in the country, away from all aids from consultants, hospitals, surgeons, specialists, etc., it is often a groundhog case—we've got to help. That gives the all-around, practical knowledge that characterizes the great, grand, resourceful country doctor.—Ed.

ALCOHOL IN MEDICINE.

Allow me to make a correction regarding the statement in Col. Briggs' article on "The Passing of Alcohol," in the CLINIC for July. I wish to give due credit to Prof. N. S. Davis. It was his example that decided in my mind that the use of alcohol in medicine was altogether wrong and injurious. In fact I have carried extracts from his writings until I have worn them out, to

show doubters that I had good authority for my fight against alcohol. Success to the CLINIC and its teachings, including the alkaloidal system, which is a grand advance from the old nauseating mixtures we used and inflicted upon our helpless victims.

H. T. DUNBAR, M. D.

—:o:—

The influence of Prof. Davis has been profound and far-reaching in this matter, and increases as the years go by.—Ed.

A SOUTHERN FEVER.

We have a form of fever here which, so far as I can learn has not been named.

Symptoms: Lassitude, headache, heavily coated tongue, constipated bowel, loss of appetite. For the first day or two there will be evening temperature of perhaps 101° or 102° F. Morning 99°.

Patient generally goes to bed on third or fourth day. Temperature at this time may be 103°. Under cholagog cathartics the tongue clears, the headache is relieved, and the patient may sit up part of each day. I have never seen rose-colored rash on abdomen, nor tympanites, nor iliac tenderness. Never a hemorrhage from bowels.

Quinine has little or no effect on these cases, so far as controlling the fever is concerned. Sometimes these fevers gradually defervesce and the patient may be free from fever on the 8th or 9th day. Frequently fever continues 21 days or longer. Patient at no time is seriously or dangerous ill.

I have had but one death from this form of fever and that was the case of a woman who aborted on the 9th day.

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Morphine hypos have killed many asthmatics by failure to get reaction. — *Central States Medical Magazine* for August.

Earp reports a success in treating typhoid hemorrhages by calcium chloride a dram a day by mouth and as much by enema.—*Monitor*.

There seems a tendency of late to call these continued fevers typhoid, accepting the textbook dictum that a continued fever that resists quinine is not malarial but typhoid. But in making such a diagnosis we calmly ignore the fact that typhoid fever is essentially a disease of the small intestine, while in these continued fevers we have no evidence of intestinal involvement, and never the abdominal rash. Is there a hybrid of typhoid and malaria? Possibly. If so, let us name it mule fever, for like that well-known hybrid, it is certainly stubborn.

I am of the opinion that we have a fever in the South which is neither typhoid nor malaria. A fever which our textbooks have not yet described. If this is typhoid then our mortality rates must be revised, for the mortality rate in this fever is not one per cent.

F. C. BENNETT, M.D.

Loring, La.

—:o:—

If we term it autotoxemic fever we will come nearer the truth than by calling it typhoid or malaria. Add the sulphocarbolates to your clearing out, Doctor, and see what an improvement follows.—Ed.

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#### THE BEST?

I've come to think there is not much in medicine. I have treated many cases with placebos, and antiseptics, and of course water, as indicated, with excellent results. I have always been a staunch believer in elimination and antiseptics. The emunctories! The emunctories! If these are all right Nature will cure herself.

Now, why should the antiseptics of The Abbott Alkaloidal Company be better than those manufactured by others.

I can see that it would be convenient to carry one of those small cases all the time instead of the large one that is only carried when visiting patients.

DR. G. W. S.

—, Indiana.

—:o:—

Doctor, pardon me but you are a sceptic because you are not well grounded in therapeutics and practice. We are far from claiming that the antiseptics we prefer are the only ones, but we have used all these agents that have appeared, and find none as effective in so many different affections as the sulphocarbolates, especially when the price is taken into account. We have found it worth our while to pay double the market price for the sulphocarbolates, even buying by the ton, to have them prepared of special purity for our use, none of those found in the open market satisfying us in this respect.

Now, Doctor, just a few words of explanation: The CLINIC goes to 30,000 physicians. We of the editorial corps scour the world for new ideas in therapeutics, and whenever anything appears which seems worthy of mention it goes into the CLINIC. Readers who feel an interest in anything so mentioned send for it, try it, and report to us their experience. If the article appears to merit it The Abbott Alkaloidal Company obtains it and presents it to its customers. If the reports are not favorable enough this is not done. If many physicians praise an article it is recommended in the queries and elsewhere, so that you

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For cracked hands, nipples or face pimples, lanolin is the ideal remedy. Ichthyol for frost bites.—*Medical Educator*.

After all perverted thought has been eliminated the faithful (Eddyites) will be immortal—not this year!—*N. E. Med. Monthly*.

may take the recommendations appearing in the CLINIC as embodying the experiences reported to us by this number of physicians. It is thus a collective investigation on a huge scale, and things that do not prove satisfactory are eliminated. It is not the mere personal view of one of the editors that appears in the advice given.

This explanation is made that you may form an estimate of what is meant when THE ALKALOIDAL CLINIC recommends anything in the treatment of diseases. Using this as a key suppose you look over the query department of the last CLINIC and note the results. As to the use of the alkaloids we could not possibly compass the discussion in a letter. My advice is that you get Abbott's Brief Therapeutics, or Shaller's Guide, and see what has developed along this line. I think you will thank me for the suggestion.—Ed.

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#### APOCODEINE.

In replying to query 3803, you say that arecoline is the only alkaloid for hypodermic purgation. May be, but apocodeine seems to do the business, as gr.  $\frac{3}{8}$  by hypodermic produces catharsis in about two hours, without other unpleasant effect. My experience has been limited but I believe it is all right.

W. S. FOWLER, M. D.  
Bakersfield, Cal.

—:o:—

This is the first report we have had from apocodeine, and we are glad to get it. Of course as we obtain reports from foreign sources we give them to our

readers, but we always wait for our own people before recommending any new agent. By all means give apocodeine a trial, and let us know the results. The uses of a really efficient hypodermic cathartic are too obvious to need recapitulation.—Ed.

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#### BRIEF NOTES.

Don't ever forget that infants and children are fed too frequently. Invalids and convalescents often the same. Don't theorize. Comprehend.

Do mothers teach their children while infants, to cry? Is the nipple of her breast or of the foul bottle put in the child's mouth "to stop the cry," or noise? Or what? Think of this.

If the clock manufactory would make a clock for the nursery, to strike only each three hours, say at 6, 9, 12 and 3 o'clock, the infant would soon learn when mealtime was, and be good and healthy; and one cause would be taken away that causes parents to say things.

A mother should never give her baby her nipple for nourishment when it is crying or cross, for that stands evident as a reward and simulates the moral intended in "Peck's Bad Boy."

Give the infant nourishment at the regular three-hour time, and then not when crying. Soothe the crossness some other but honorable way, and then when the baby is nice and good give it the nipple.

The infant given nourishment only at the regular three-hour intervals will be (other things being equal) always good and healthy and the mother better off.

Nurse at the regular hours of 6, 9, 12,

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Against certain invaders, typhoid and malarial, the leucocytes can never be induced to bestir themselves.—Cabot, *Yale Med. Jour.*

We wish we could transcribe Cabot's paper on the Blood as a Public Highway from the *Yale Medical Journal* for August. Get it.

3, 6, 9, and then no more till 6 a. m. All parties securing correct night's rest.

Kali bichromate for Dr. Rochelle's tailor, to help the vibratory treatment, page 678.

I favor the improved spelling of *The Medical World*, page 726, but want the whole of the English language improved, so that every letter has one sound, always and every time; also no two words to have the same sound that mean differently, as hear, here.

Page 637, July CLINIC, line six from top, I have erased Christian, and 11th and 15th lines erased Christian, and wrote Catholic Religion, whether Roman, Greek or English. Christ was not a killer nor revengeful, nor did he send missionaries with guns, whisky or beer, or invent inquisitions, tortures—or creeds.

Second footnote, page 660. What about the large doses of salicylic acid given by the galenics for rheumatism? Page 663, 6th line from base, change "relieved" to "dosed."

Page 662. Breaking the fast is correct, and a useful article; only I differ from last paragraph, 2nd column. The digestion is not a tax on brain energy, nor is curative power brain energy.

The organic nervous system controls digestion.

Page 669, 1st paragraph. Has Dr. Waugh a large practice among the Jews? Also Jackson, page 683, last paragraph?

Page 670. Dr. Candler's case would have been relieved promptly by veratrine, with the condition described in second column.

Also page 690, in Dr. Lothian's case, the editor's comment is good, for that is often the case with trained nurses (some

of them), especially the "knowing" ones.

Page 695. Dr. Wade may have had a country practice.

Page 709, seventh line from top. Change "after the completion of," to "before." Don't drown the food. Drink before meals. The liquid is absorbed and the digestion not burdened or distressed.

Query 3778:—Hoarseness needs bichromate of potash, gr. 1-1000 granules, every three or four hours. If that does not fully cure, then the potash caustic, Hahnemann, will.

Query 3780:—Good suggestions of editor; but if they fail try anemonin granules.

Query 3782:—Leptandra.

J. F. EDGAR, M. D.

El Paso, Texas.

—:O:—

Dr. Edgar has surely mastered the art of saying much in small space.—Ed.

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### CAN'T QUIT.

I have long been an alkaloidist in theory and am getting right down to it in practice. Once begun, one can't quit.

The little Chlorodyne granules are indispensable.

I am giving Waugh's Anti-Obesity tablets to a patient with good results, both in reducing fat and curing constipation. She had tried the Anticonstipation granules but says the Anti-fat tablets are much more effective in her case.

I have treated quite a lot of typhoid in the last four months, and have tested zinc sulphocarbolate and Acetozone

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In many chronic resp. ails there are circulatory disturbances between the 3d and 7th vertebra, in the cord.—Arnold, *Int. Med. Mag.*

Asthma: A small cup of very strong coffee, no sugar or cream, taken on an empty stomach.—*The Family Doctor.*

along together. The only advantage I find in Acetozone is that it is more easily borne. Very rarely you find a patient who cannot take it; while at least one-fourth mine cannot take zinc sulphocarbolate. I have tried different makes and have the same trouble even with the A. A. Co.'s. Could it be dispensed in Elixir Lactopeptine?

The account in the August CLINIC of an overdose of codeine reminds me of my experience with Anodyne for Infants. I prescribed 24 granules for an infant six days old, two every half-hour for diarrhea till the bowels acted less frequently. They gave all of them in six hours. Results: Slept till next afternoon, would not rouse to nurse, but woke bright, and bowels much better. You will say: "Lack of more definite directions," and so it was.

W. J. SHACKLETTE, M. D.  
Stephensburg, Ky.

—:o:—

Give full credit to Acetozone, and to any other things that do well. We want all the helpfulness we can get in our work, and whether it is from alkaloids is another matter. The sulphocarbolates are less irritant when enveloped in bismuth and Peptenzyme.—Ed.

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### CHOLERA INFANTUM.

I have received many good ideas from the articles in the CLINIC. I derived especial benefit from the article on cholera infantum. I had just lost three children from this affection, the week before, and had several more cases on hand. I tried Dr. Waugh's treatment, of zinc sulphocarbolate, bismuth sub-

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Enuresis: The active principle of the hop, as represented by lupulin, has proved effective; gr. v to lx at bedtime.

nitrate and saccharated pepsin, every hour until relieved. In two of the cases I gave only two powders before entire relief resulted. Since then I have not lost a single case from this malady.

I have also used this formula in most of my cases of bowel complaints to which young and old are subject, with excellent results.

If you so desire you may publish this in the CLINIC, and cause some other despondent brother to grow cheerful.

R. G. HAMILTON, M. D.  
Buffalo, S. C.

—:o:—

Now it is up to some chap who never used the sulphocarbolate to explain that the doctor is mistaken; the cases were not cholera infantum, or the type happened to change just as he got the new treatment; any old explanation sooner than own that we have the true method that cures these little ones and robs the summer of its terrors.—Ed.

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### CROUP.

I was called at 11 o'clock p. m. July 31, by Mr. A. He had come four miles from the country in fifteen minutes, over a rough mountain road, for me to see his child Emma, age two years, who was taken sick the night before. He thought she would die before we could get there. He had another doctor that had been attending her all day and she was getting worse all the time. The doctor said that he had done all that he could do for her. I was sick and could not ride fast, and we did not get to the house until twelve o'clock p. m. I found a bad case of spasmodic croup.

Great Britain spends \$70,000,000 a year for tobacco and pipes. How much real benefit is realized from this expenditure?



Treatment: Calcium iodized gr.  $\frac{1}{3}$  in hot water, five minutes later gr.  $\frac{1}{3}$ , ten minutes later gr.  $\frac{1}{3}$ , then every fifteen minutes gr.  $\frac{1}{3}$ . She began to perspire freely and dropped off into a quiet sleep at two o'clock a. m. I then left three or four  $\frac{1}{3}$  gr. tablets calcium iodized, to be given at longer intervals when she was awake; also five tablets of calomel gr. 1-6, one to be given every hour, and three hours later to be followed by a big dose of castor oil.

I started home, telling him if she got worse to let me know. I saw him three days later and he said that the child was all right and at play, and that the doctor had sent a party the next morning to see if the child really was alive. Calcium iodized has never failed me in croup. I use the A. A. Co. tablets.

C. E. Ross, M. D.

Deer Lodge, Tenn.

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Some day people will find out what they are missing in not using iodized calcium.—Ed.

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#### DYSENTERY.

I have not been giving my say in the CLINIC, and feel I am very small to do so. But I don't find acute dysentery, prognosis of, as does Dr. Mansfield of August CLINIC. I am sure the doctor won't feel uneasy about his patients if he will use the sulphocarbolates. Keep the bowels free, sometimes use a suppository of opium to relieve tenesmus, no food for the first day. Use the little shot instead of the powders.

W. H. McBRAYER, M. D.

Goodwater, Ind. Ter.

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Remove the dirt, and moderate the inflammation; the discharges will take care of themselves. No patient ever dies of dysentery from the profuseness of the stools.—Ed.

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#### DIPHTHERIA.

I wish to give the CLINIC a little chapter of Preventive and Antiseptic Medicine. It can be told in few words but means a great deal.

In Woodward county this last winter they had an epidemic of diphtheria, which was very fatal. Scarcely a family escaped where there were children. One family of four adults and two children, friends of mine, wrote me for help. I sent them a prescription for the solution of free chlorine. They all began taking it, and not a single one of the family took the disease. They published the formula in a local paper, and immediately the diphtheria began to subside; showing plainly the influence of the chlorine.

This spring I was called to see a man who was ill, and whose face was covered with an eruption. He had been ill some time when I first saw him. I found a well-marked case of smallpox. I opened his bowels, and began piling in the calcium sulphide. There was no more eruption, and the man speedily recovered.

I had no fresh vaccine virus, and so the family were immediately put upon the free chlorine, as well as all others who had been exposed. Out of all who were thus exposed but one member of the family, a young man who got so smart he would not take the medicine as ordered, sickened with the disease. As

La Motte for wood alcohol blindness injected nit. strychnine gr. 1-60 to 1-3 daily for four months.—Denver Med. Times.

Sowing wild oats by a man would not be so bad if he did not get a woman to assist him in reaping the crop.—Denver Med. Times.

soon as he sickened I began the calcium sulphide, and he did not have more than a dozen pustules, and they on his face.

Some of the neighbors became worried and drove to the county-seat, and reported the case to the President of the County Board of Health, a young man who has been practising three or four years. They also told him I was giving preventive medicine, which fact seemed to give him much amusement, as he laughed heartily at the idea, and spoke of my ignorance. But he laughs best who laughs last.

A. T. DOBSON, M. D.

Trail, Okla.

—:o:—

Let me say that the man who has prevented a single case of diphtheria may lie down to rest with the feeling that the good angel has chalked down one big score in his favor.—Ed.

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#### JERSEY MALARIA.

As you desire to make the October CLINIC an edition for the experience of various physicians in the treatment of malaria, I desire to mention my mode of treatment. When a patient with malaria calls at my office, the first thing I do is to give 10 to 20 grains of blue mass or calomel and soda. This is followed about 10 hours after by  $\frac{1}{2}$  oz. of Saline Laxative, when a thorough evacuation of the bowel occurs. After this I give the following treatment: Quinine arsenate gr. 1-6, berberine gr. 1-6, hyoscyamine amorph. gr. 1-250, one granule of each every two hours for one week.

The second week I drop hyoscyamine

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For purpura hem. Denver Times recommends tr. iron, iron iodide, ergot, and quinine. Every one will do harm, and no good.

and continue the quinine arsenate and berberine for another week. At this time the patient feels quite well, but I give him the medicine for another week; a granule of quinine arsenate and berberine, one of each three times a day. After this give him Triple Arsenates granules, two to four after meals, for a month or six weeks, and you will have results never obtained before by any mode of treatment.

In bilious cases it is well to give in addition  $\frac{1}{2}$  oz. Warburg's tincture before breakfast for a week, and in cases with severe chill one granule of capsicin added to the quinine arsenate and berberine will do wonders in breaking the attack. If the mode of treatment as above stated is followed you may expect to cure nine cases out of ten.

W. F. RADUE, M. D.

Union Hill, N. J.

—:o:—

Now tell us about the tenth case.—Ed.

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#### MALARIAL HEMOGLOBINURIA.

The August CLINIC came yesterday, and I am going to "do it now." I shall give experience, not theory, and shall touch only one phase of malaria, the hemoglobinuric and its treatment.

The discharge of discolored urine is always preceded by a severe rigor. The urine always clears when the temperature is brought to the normal and will remain so if another rigor is prevented. Reduce temperature by hypodermics of antipyrin, 20 grains every two hours, till temperature is right. Antipyrin is preferred because it is so freely soluble in water, and it never fails if the bowels

Epilepsy: While the small-dose bromides do not exactly replace the big-dosers they are by no means useless.

have been previously well cleared. This is an adult dose; for children in proportion.

When the temperature is down, keep it down with hypodermics of quinine, and there will be no more rigors and no more bloody urine.

I do not believe that quinine causes the disease. It occurs after quinine because owing to the condition of the stomach this is not absorbed. I have never seen it follow the hypodermic use of quinine.

Jno. Wyeth & Bro., of Philadelphia, prepare 3-grain tablets of quinine carbamide muriate for hypodermic use, and I have never seen an abscess follow. They are so soluble that two or three will dissolve in the barrel of a common hypodermic syringe. I learned all this from my friend and former partner, Dr. T. J. Green, of Florida, and we never lost a case. We ceased to dread it. But measures must be prompt and thorough.

N. G. THOMAS, M. D.

Apison, Tenn.

—:o:—

How much of this quinine salt do you inject, and how does it compare in strength with sulphate.—ED.

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#### RETAINED PLACENTA.

On Thursday, June 12, 1903, about 10 p. m., Mrs. D. was delivered of a healthy and full-developed baby. Her aunt acted as accoucheuse, but in this case she failed to deliver the placenta. At about three next morning she sent for a doctor. He worked faithfully for about two hours and failed also, and as he says gave her a bouncing big dose of

ergot, fl. ext., a big teaspoonful. At about six of same morning he sent for me to assist. I answered summons promptly, was there in an hour, made examination and found uterus contracted firmly, to such an extent I could barely get my index finger into the os. I remarked to the attending physician we would have to wait till morning. I prescribed for her before leaving bromide potash and chloral hydrate gr. five (A. A. Co.) every three hours. On our return late in the evening we found her aunt, the accoucheuse, her grandmother and her husband all there, and all had come to one agreement, that "we should not butcher her up" as they said. The patient also informed us that her aunt had just told her of a case that had gone 21 days with a retained placenta and lived through it, and that she had made up her mind that she would not have it removed, and so far as she was concerned we could pick up our grips and get. I tried to reason and explain to her the danger of leaving her in that condition, that it was very dangerous, but persuasion was no good in this case, so all we could do was to do as she said, pick up our grips and "git." We made frequent inquiries from day to day expecting to hear of her death, but it seems her "aunt" the accoucheuse knew a thing or two. On the morning of the 12th day from confinement it all passed *en masse*, and to-day she is up and well. Will further say they were an ignorant class of people, paid no attention to antiseptics, hygiene or cleanliness.

This will probably teach some of the young M. D.'s in the future, when called upon to remove secundines, to not kill their horses to get there in time. About six years ago I went 21 miles on horse-

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Epilepsy: The bromides of gold, nickel, arsenic and iron are well worth study and suit many cases better than potash.

Epilepsy: Iron bromide increased to toleration for anemics; with laxatives and other accessories as indicated.

back to remove a placenta that had remained 48 hours after delivery, which I thought was wonderful, but it don't compare with this.

A. F. HILL, M. D.

Surgeon C. & O. R. R.

Vanceburg, Ky.

—:O:—

Possibly a few doses of macrotin might have brought away the placenta more promptly; or applopappus, or caulophyllin. Which?—Ed.

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### GLONIN THE LIFESAVER.

Recently a newborn child failed to respond to the usual efforts to induce it to breathe. The heart ceased to pulsate and to all appearances it was dead. I hastily injected into its leg glonoin gr. 1-250, and in one minute the heart was strong and vigorous, and in five minutes all danger was past.

V. E. LAWRENCE, M. D.

Ottawa, Kansas.

—:O:—

Two lifesavers—the doctor who knew and the drug that could.—Ed.

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### SPIDER BITE.

Beg your pardon, but why is not a clean healthy "scab" quite as much of a credit to the healing art as plethoric "leech?"

I am too independent to sign over my liberty of thought, conscience and action, to the bosses of any trades' union. The welfare of my family, morally, physically and financially, is

♥ ♥ ♥ ♥ ♥ ♥

Epilepsy: Gold bromide for syphilitics and subnormal temperatures; give to the verge of salivation and hold there.

more to me than some other doctor's pocket-book. The negroes from the still either pay cash at each visit or present an order from the firm for their bill. Occasionally some one that can pay and won't pay has to be made to pay, but as often some grateful patient presents a check for double the bill, or insists on showing the doctor a favor or a kindness which far overbalances the account.

I cannot expect to live better or enjoy a larger income than nine-tenths of my patients.

If once in a while the grind of many duties and little strength makes one discouraged, the "Bonnie Brier Bush," with Dr. Maclure and Old Jess, put a wholesome touch of the heroic into the picture, and you are thankful that Ian Maclaren's ideal is not entirely impossible in your remote corner of the universe.

But enough of this. Sunday morning I was summoned to a case of insect (spider) bite. The patient, a girl of sixteen, had eaten some May cherries and taken milk the day before, and her stomach was irritable and tongue coated. The insect, supposed to be a spider, bit her on the thigh about six o'clock in the evening, Saturday, June 6, 1903. Immediately swelling and muscular spasm at the wound and later paresis of the limb supervened, in spite of the usual home remedies. General convulsions and intense pain from the waist down came on, increasing in severity until it required two to hold her on the bed. Opisthotonos and rigidity of abdominal muscles were most marked with icy cold hands and feet, and frequent vomiting. Spasms became almost continuous. She was just recovering from a most severe attack when I reached her at 8 a. m.

Epilepsy: Give nickel bromide; gr. 1-6 upwards every hour while awake, and add the other bromides successively.

I at once gave an atropine tablet, applied saturated solution of potassium permanganate to the bite, gave teaspoonful doses of weak solution of the same, and as soon as symptoms of another spasm threatened, gave glonoin gr. 1-250. That spasm lasted less than five minutes and did not recur for one hour; repeated glonoin, spasm lasted three minutes. Potassium permanganate continued every half hour; glonoin at any indication of a convulsion, and salts and enemas to relieve the obstinate constipation.

Second visit, Monday noon. Patient appeared very ill. Temperature from 100 to 101.5, with cold extremities, urine scanty and thick, no movement of bowels in spite of salt water enemas and two large doses of salts. Only one hard convulsion, that on waking from a sleep, which had delayed the giving of medicine. Ordered Saline Laxative, teaspoonful every two hours; aconitine and atropine together in solution every hour, in addition to glonoin and potassium permanganate as before.

Tuesday morning. General condition improved, one smothering spell, and tonic and clonic spasms of one leg noticed. Bowels obstinately constipated, still an irregular blackish brown spot an inch in diameter marked the site of the bite. This was surrounded as was the navel by a scarlet spotted area, which by Wednesday morning had spread to the face and limbs. Wednesday, after two days' use of Saline Laxative, the bowels moved twice and urine was more abundant. No return of convulsions.

Thursday morning. Circulation improved. Spots had disappeared. The diet which had been limited to white of egg in water was enlarged to include

condensed milk and tomato. Patient is improving in every way but is still too weak to sit up at the end of one week.

This is my fourth case of spider bite. The first was under the care of another physician for three months, then came to me. She was anemic and circulation was very poor. Six months after the bite, after the birth of a child, she had two attacks, lasting two hours and an hour and a half. She lost consciousness, turned a spotted grayish black, with cold clammy skin, and for part of the time artificial respiration had to be resorted to. She fully recovered.

The second was a middle-aged lady. The heart was chiefly affected. She recovered, but has occasional heart-attacks, probably not from the bite. The third was a strong young negro. The history of this case was similar to that given in full, except that on the second and third day his entire body was swollen as well as spotted. He was in bed two weeks, but recovered completely.

I have happened to see but little literature on insect bites and their treatment, so have gone on general principles in these cases.

Since writing the above an English patient, born and raised in East India, tells me that in one case of poison spider bite an old remedy, fresh warm cow-chips, were applied as poultices, changed as frequently as they could be obtained. This patient escaped constitutional symptoms, but developed a very large abscess at the site of the injury, which required a surgeon's attention.

O. E. WORCESTER, M. D.

Conant, Fla.

—:o:—

Glad to hear from you, Doctor. We have been trying to get up a discussion



**Epilepsy:** The addition of arsenic bromide prevents acne and enhances the effects of any other bromide, gr. 67 t. i. d.

**Epilepsy:** Cicutine hydrobromate gr. 1-67 up to full effect is the best adjuvant to bromides; sedates muscular excitement.



on this union question, and out of this discussion to evolve benefit to a very poorly paid profession. Much obliged also for your account of the spider bite; but the Jacksonville Board of Health will get out an injunction against you, claiming that no poisonous spider, venomous serpent, scorpion, centipede, alligator or malarial mosquito, exists in Florida. Also that all Florida men part their hair in the middle and never use language stronger than oh my! when vexed.

Echinacea has been highly recommended for all venomous infections.—  
Ed.

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### "SKOOKUM CHUCK."

An article appearing in your last issue bearing the above euphonious caption, attracted the attention of the writer, as well probably of many others of the medical profession on the Pacific coast, more on account of the title than any peculiar properties attributed to a certain alkaloid said to be obtained from  $\text{HO}_2$  by an enterprising manufacturing firm of Boston, and highly extolled as an effective remedy in combating poisoning, by rhus tox.

As to the merits of the remedy no exceptions are taken (not having had any experience with it), but when an attempt is made to foster and perpetuate an obsolete, dead and almost forgotten Indian "jargon" in the present materia medica, it is vouchsafed that the Western physician especially will rebel, and hard too, should he desire to incorporate "skookum chuck" in his prescriptions and cannot prescribe it in any other terms. The name alone therefore is enough to condemn it in this latitude,

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Epilepsy: Atropine full doses at bedtime for nocturnal cases and too sound sleepers; also for petit mal.

and the proprietors cannot hope for any wave of popularity overtaking it so long as this title burdens it.

Down-Easterner's translation and conception of "Webfoot" Latin appears somewhat at fault, when inspected at close range by an expert, and in the language of the learned attorney: "Defective, irrelevant and nonsensical," where the pure unadulterated lingo originated.

The origin and introduction of this abbreviated and withal exceedingly useful dialect (having served its purpose it is passing away like the red man for whose use it was intended), and its story in this connection, might be of interest, especially to your readers not familiar with the history. The Hudson Bay trappers, traders and others of pioneer fame, found they were unable to communicate with the native tribes, only by signs, and "necessity being the mother of invention," they with the assistance of a few of the most intelligent natives concocted and introduced what was termed the Chinook jargon, the above heading being a sample of a noun and qualifying adjective. It is said to contain only about one hundred words, the nine parts of speech being curtailed to three or four, consisting principally of verbs, adjectives, adverbs and a preponderance of nouns. Yet the builders wrought better than they anticipated, as it became a pronounced success almost from its inception, owing probably to easy pronunciation, familiar Indian terms and limited extent. There was scarcely a Siwash Indian on the Pacific coast from California to Alaska, and very few old pioneers probably, that were not pastmasters in the lingo in a few years thereafter.

Epilepsy: Small doses of arsenic for epileptiform vertigo and attacks arising apparently from the stomach.

One can readily understand how so few words could constitute a language if it is borne in mind that one adjective, for instance stood for a multiplicity of others, and again would answer the useful purpose of a verb in other connections, depending entirely upon the idea to be conveyed.

Now as the Chinook for white man is "Boston" that manufacturer down in Boston town may have had foreknowledge, and is endeavoring to compliment and perpetuate the jargon language in memory of the native that unwittingly or unknowingly honored the name in constructing the "jingo" tongue.

It may not be improper to remark, however, that the modern store-clothed and semicivilized native has progressed in his ideas; as to language as well as other accomplishments, and if addressed in the jargon of his forefathers nowadays will reply almost invariably in good English, thus resenting an imaginary insult handed out to him. Thus as old things pass away and all things are new, even so has the prehistoric jargon of this Western country almost disappeared; and naming an important remedial agent to be handed down to future posterity handicapped by such a cognomen as "Skookum Chuck" is one of the unkindest cuts of all, not only to the native Indian but to the Western profession, who pride themselves on progression at all times.

Chuck signifies water, always, in the language, but skookum, an adjective, is indefinite; which may mean large, strong, sweet, sour, rapid, swift, etc., *ad infinitum*; so serious objection arises to the word from its indefiniteness. Had the proprietor used the term, "Skookum Pire Chuck," translated as strong alco-

holic spirits, no fault could be found, in fact should not the government interfere in the dispensation, an unparalleled demand for the remedy would immediately ensue, especially as to the Indian contingent desiring medicinal treatment; but as the "Pire" portion is omitted he will look upon it with suspicion and refuse it with disgust and loathing.

Your Alkaloidal preparations, wherever introduced in this latitude (being meritorious), are receiving a just recognition among the profession, and bid fair in another decade to supplant the old obsolete medicamentum of powders, obnoxious tinctures, etc.; and all progressive practitioners wish you the just reward you deserve in advancing new and modern methods in *Materia Medica*.

ONE OF THE "FAMILY."

—, Oregon.

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#### THE SULPHOCARBOLATES AND COPPER ARSENITE.

I have lost no case of cholera infantum or of any summer bowel complaint of childhood, since these remedies were brought to the notice of the profession by Waugh and Aulde, provided that the case came into my hands from the start.

The physician who treats cholera infantum with bismuth, mucilage, paregoric and hope, and loses his case is guilty of malpractice.

Hemorrhagic, malarial or "swamp fever:" I would like to have the following question answered in the September or any other number of this journal. What relation does "Hemophilia" sustain to "Hemorrhagic Malarial fever?"

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Epilepsy: Cannabis for petit mal, nocturnal spasms, anemics and depressed persons; give gr. 1-4 of a good extract, and up.

Epilepsy: For plethoric or gouty cases, uricemics, give colchicine enough to act well on stomach or bowels.

I believe that physicians at the bedside of the victims of this disease should have this question in mind. I am specially desirous of hearing from them, but I am not disposed to exclude those who have theoretical opinions based upon an intelligent study of the subject.

HORACE P. PORTER, M. D.

Port Arthur, Texas.

—:o:—

An important question. I have known purpura follow the taking of four grains of quinine, and years afterwards the patient was so firmly convinced that I was wrong that she tried the same dose again, and the same result followed. Now if she had been malarial, we would have been sure quinine caused the hemorrhages. But this is the only person I have ever met in whom such a thing occurred.—Ed.

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### "SKOOKUM CHUCK."

Situated on the banks of the Columbia River about sixteen miles southwest of Spokane, and at an altitude of 2,300 feet above sea level, is a lake, sixty feet deep, half a mile wide and a mile long. Its waters are of a greenish tinge, and no plant grows near them. Animal life is also absent, and an unbroken silence broods over the dark pool. The water of this lake has a specific gravity of 1.012, and holds so much alkali in suspension that after one has bathed in it his body feels as if it had been oiled. A species of terrapin inhabits the shore, and the axolotl lie in its depths, and never rises to its surface.

The medical virtue of the waters forming this lake, like many other reme-

dies, was discovered by mere accident. The story goes that an Indian prisoner named Antonie Dufour while trying to escape fell into the water. He was at the time suffering from rheumatism. The bath instead of stiffening his joints limbered them. He then tried the experiment of immersing himself daily in the waters and was cured of his rheumatism. When he had made his escape he spread the report of the curative properties of the waters. Owing to the sparsely settled condition of the country at that time no further notice was taken of his report.

Eight years after this a man by the name of Andrew Le Gavel took up a quarter-section of land where the village of Medical Lake now stands. This was in the year 1872. This man had no idea of the virtues of the water until his sheep, which were troubled with a skin disease, were cured by drinking at the lake when thirsty. Being affected with rheumatism, he tried the water on himself and was cured, and from this time on the fame of Medical Lake has spread on every hand.

It is the salt prepared by evaporating the water of this lake that is now known as Skookum Chuck, which in the language of the Spokane Indians means "very good." Dr. Gentry gives his experience with the salt thus: He says: "I potentized some of the salt, making the first and third decimal triturations of the first. I took two grains every two hours for one day, and next day I found myself suffering with a profuse coryza with constant sneezing as in hay fever. This continued until the remedy was antidoted. My appetite was greatly increased. There were some rheumatic pains in my limbs, The catarrhal effects

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Epilepsy: Constipation is nearly always present and always injurious; give aloin at bedtime and a morning saline.

Epilepsy: For anemics, masturbators, nocturnal forn., give picrotoxin gr. 1-134 repeated and raised to full effect.

were so severe that I dared not continue the experiment. This salt has cured cases of chronic eczema with pains resembling rheumatism."

B. F. Bailee, M. D., said that the first case he treated with the salt was that of a married woman who for years had never been free from eczematous troubles. At times she suffered much from rheumatism. He gave her a powder, Skookum Chuck the third, every four hours. Improvement was soon evident. The treatment was continued for three months, and now for two years the patient has been perfectly well.

I could report many such cases. I think that the sphere of action of Skookum Chuck will be found in lithemic cases. I have had no experience with the salt, but of a reddish gray substance found at the bottom of the lake I will say, having procured a quantity of this sediment direct from the bottom of the center of Medical Lake I prepared the first three attenuations.

On July 6th, 1891, I persuaded a lady friend of mine to take a powder of the first trituration every two hours, and report when ready. Here is her report: "On July 7th there was a fullness in my bladder causing me to pass large quantities of clear urine. My urine had been scant for three weeks before this. On the 8th I awoke with a severe headache, and sick feeling in my stomach. The hair on my head was so sore that it pained me to brush it. My nose was somewhat swollen and stopped up. Had to stretch and gape like one with the chills. Eyes swollen and full of clear water, which ran down my face as though I had been peeling onions. 11 a. m. Felt as if I would suffocate, could not get breath enough. It would not go

down to the bottom of my lungs. A sensation inside of my forehead as though hot water was inside of it. 2 p. m. Felt awful sick at my stomach, but could not vomit, was so weak in my arms and legs that I could scarce move them. At 4:30 p. m. Passed a quart of clear urine; soon after I broke out with a fine red rash all over my body. It itched for two hours, then passed away. July 9. Urine very scant. Rheumatic pains in arms and legs. Would not take any more powders, fearing they would give me asthma and neuralgia."

I think that when the properties of these waters are understood we shall find in them a remedy for rheumatism accompanied with disease of the skin, such as herpes zoster, eczema, urticaria, salt rheum, etc.

GEORGE WIGG, M. D.

Portland, Ore.

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### "SKOOKUM CHUCK."

The phrase is a misnomer. It is taken from the jargon Indian language, and has reference to water alone. As the jargon language is quite elastic it might be taken to mean "swift water," when applied to a rapid stream of water, "big water," when applied to the ocean, Great Salt Lake or any other large body of water, and "strong water," when applied to some property of the water, as when referring to the saline quality of the water of Great Salt Lake. But the expression could not be appropriately applied to any dry substance.

EDGAR BATES, M. D.

Pousford, Minn.

—:o:—

We might know a lot more about the specific actions of the mineral salts and

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Epilepsy: Anemics, nocturnals, bromides failing, with no brain congestion, call for strychnine enough to equalize tension.

Epilepsy: Strychnine is injurious to cases symptomatic of material lesions of the nerve centers; be wary with it.

their combinations. Dr. Burgess' applications of magnesium sulphate and of "cell salts" show what a rich field awaits the investigator.—Ed.

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### FOR PRAIRIE ITCH.

Take sal. ammoniac one part, sulphur ten parts, mix with lard and rub in freely. Then wash with warm water and soap. Once is usually enough.

W. T. PAYNE, M. D.

Chelsea, Ind. Ter.

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### STRYCHNINE ARSENATE FOR ANIMALS.

With pleasure I forward Burggraeve's lecture: "Arsenate of Strychnine for Maintaining the Strength of our Domestic Animals." Disease is not an entity, as Burggraeve said. The disturbance is first to be found in the vitality. It is there found before it has invaded the material contexture of the organs. This vitality must be brought back to its natural rythm. There is nothing in fact which is more against nature than disease. Disease is an accident, not an entity.

There can be no doubt that Burggraeve has simplified both the study and practice of medicine to a considerable extent, and has placed in our hands the most powerful weapons which a physician can use, showing us how to use them, not only without danger but with a very great probability of success.

The state of medicine before the establishment of the admirable dosimetric method of treatment, may be described in a few words: On leaving the university and the hospital to make his

start in life, the physician had only two methods before him: Allopathy and homeopathy, both leading to scepticism, the obscure cloud of which could only be dispersed by the advent of dosimetry.

For all who are in doubt and wavering I would recommend: "Try and you will see."

CHAS. W. BENNETT, M. S., D. M.  
Santa Barbara, Honduras.

### ARSENATE OF STRYCHNINE FOR MAINTAINING THE STRENGTH OF DOMESTIC ANIMALS.

By Professor Burggraeve.

(From a lecture delivered at the Agricultural Congress of East Flanders.)

The subject I am bringing before you is one of the greatest importance. It relates to the maintaining of the powers of an animal by a simple and natural means, the efficacy of which has been brought to light by my own experience.

I will not waste time with pitiful tales of the cruelties and privations undergone by our domestic animals, especially by horses. The law of the land is there to prevent abuses, against which societies for the protection of animals have constantly wrestled.

I say, make your animals stronger, so that they may be better enabled to endure fatigue, and render greater service. That is reasonable charity, for it turns to the profit of the owners themselves.

In the state of nature—a state which no longer exists for man, since he is endowed with intelligence—animals derive their vigor from pure air, and food which is appropriate to their constitution. Neither in this state do they expend more muscular effort than their daily wants demand. With them consanguinity is rare; the young abandon their parents very early, as soon as they

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Epilepsy: When bromides fail and in genito-urinary cases give oxides of silver and zinc, in succession, to full dosage.

Epilepsy: Glonoin when spasms are coming, stops them in stage of cerebral anemia; gr. 1-250 every two minutes.



can supply their own wants. The state of domesticity to which we have subjected many animals is very contrary to their natural state; and the crossing of races has been carried out to such an extent, that it is exceedingly difficult to recognize the primitive types.

Agricultural communities would endeavor in vain to oppose this state of things; it is the outcome of social order (or disorder); a necessity brought about by civilization, the evils of which we must endeavor to lessen as much as possible.

Such is the object of my present remarks. I wish to show you how to maintain and to increase the strength of your animals.

It is a mistake to think that copious feeding suffices to maintain the full powers of an animal; food which is too exciting only enervates; and it is innervation, on the contrary, that must be attempted. Now, I may tell you at once, for your time is valuable, that we have an infallible means for effecting this, namely, arsenate of strychnine, a substance which acts at the same time upon the blood and upon the nerves—the two prime factors of life. The action of arsenic on the blood, and consequently upon nutrition, has been known for a long time; animals to whom it is given gain better breath, and a more brilliant coat, and it is a remedy which is invariably applied for cutaneous disorders accompanied by anhelation. If, in some cases, œdema has thus been caused, we must attribute it to the enormous doses applied by certain veterinary surgeons.

In the elevated regions of Europe people have become arsenic-eaters by instinct; they remedy thus, by increased vivacity of blood, the effects of the

rarefied atmosphere in which they toil. The antimiasmatic action of arsenous acid is also well known. In the American War of Independence, the English troops lost both men and horses, until they had recourse to arsenic; and since that memorable period arsenical preparations, such as those of Fowler and Pearson, have been very much in vogue.

Arsenic, again, is a modifier of tuberculosis, to which so many animals, as well as the unfortunate workmen in our manufactories, fall victims. This arsenical medication dates very far back, for Pliny, the naturalist, speaks of it. It is certain that all those diseases formerly grouped under the common term of *maladerrie*, due to insufficient purification of the blood, are advantageously affected by arsenic. So that the favorable action of this medicament upon the blood, and subsequently upon nutrition in general, can no longer be a matter of doubt.

It is pretty much the same as regards the action of strychnine upon the nervous and muscular systems, to which it imparts great tension. In medicine we constantly resort to it in cases of nervous insufficiency and paralysis. If this action goes so far as to produce tetanus, it is because the remedy is badly applied in too large doses. I usually take four granules of arsenate of strychnine in the evening to counteract the nervous exhaustion of my daily busy life. I can therefore speak of it from personal experience. The effects it produces are these: We feel that all the muscles contract with greater force; the action begins with those of the jaw, extending to those of the neck, and thence down the whole length of the spinal cord. The head is quite free, showing that there



**Epilepsy:** When the attack is stopped in first stage by glonoin, atropine prolongs this effect; gr. 1-250 every five minutes.

**Epilepsy:** Copper arsenite and phosphate for cases seeming to originate in the stomach, as many cases do.

is no congestion produced; and all the functions of assimilation and secretion, etc., are carried out with more regularity and more energy. The breathing is deep, and the pulse is full and calm.

You will see, gentlemen, the gist of my remarks; namely, to restore vital energy to our domestic animals by causing them—whenever their strength fails and their appetite diminishes—to take a few granules of arsenate of strychnine (say six to eight) in a little honey and bran. To restore muscular vigor to an animal is to double or triple its value as a source of power, but it also increases its market value by increasing its flesh.

By this means we stimulate the centers of calorification and innervation; and so we avoid those diseases which result from nervous insufficiency, too often confused with active congestions, and erroneously treated by bleeding. For instance, nothing is commoner with the horse than cerebral stupor; thinking the poor beast is sleepy the driver attempts to arouse it with the whip, but what it requires really is a few granules of arsenate of strychnine.

Many horses are short-winded because the respiratory movements are insufficient. Here, again, strychnine is requisite to give more action to the thoracic bellows.

Shall I mention distention of the abdomen, to which cattle are so subject?

A few granules of arsenate of strychnine cause the ailment to cease, whereas ethers and drastic purgatives increase it. If there is violent colic we should add to the strychnine a few granules of hyoscyamine, five or six at a time, every quarter of an hour, until the sedative effect is produced.

It has been thought—and once I



Epilepsy: Digitalin for cases with weak or irregular heart, in dose enough to put arterial tension just normal.

thought so too—that such very small granules would be unsuitable for the treatment of cattle and horses, etc., but since the experiments have been made, we can no longer hold this opinion.

We must not look upon this remedy as a panacea, but as a rational physiological treatment. Arsenate of strychnine is the most excellent of vital incitants. It seems as if the panacea, or elixir of long life sought by Paracelsus, will be thus realized in our day, for it is more capable than all the precepts of the philosophers, of assuring, both to men and animals, that longevity which Providence intended for them.

Nothing in this world is the result of chance; everything is governed by wise and constant laws, which we cannot neglect with impunity. The duration of an animal's existence is measured by that of its growth (Buffon, Flourens). But we anticipate on this, so that many of our animals never reach the proper degree of maturity; we discount their powers without reflecting that the interest is thus obtained at the expense of the capital. Well, it is because these beasts are employed too young that the vital incitant, arsenate of strychnine, must be given to them. The proverb which says that "flesh makes flesh" is not quite correct; for it is not what is eaten that feeds the body, but what is assimilated. That is why we must, first of all, keep up vitality, not by a momentary excitation, but by means which produce a durable incitation.

Unfortunately, we exhaust the vitality of our animals, we give them heating, exciting food, such as grains and distillery residues impregnated with spirit. Horses fed exclusively on oats, with the view of getting more work out of them,

Epilepsy: Bryonin might be tried for cases apparently beginning in the intestines, or with cutting colicky pains.

are soon exhausted by this exciting diet. What they require is a refreshing regimen; but they are so overworked that such diet would not support them; it is, therefore necessary to introduce into this regimen the arsenate of strychnine in the manner I have indicated, in order to keep the economy in a proper state of tension.

Examine attentively what I have had the honor of saying to you; do not make of a question of facts a question of *amour-propre*, because these things are proposed by a man who is not one of your class; rather remark that this man has got old in the medical career, has regained some of the vigor of youth by practising himself what he proposes, and who says to you: "Do as I do." It would, in fact, be absurd to attempt to cause others to do that which one had not dared to do one's self. If I preach the maxims of longevity, it is because I practise them myself.

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#### THEY ARE LEARNING.

You are pioneers in therapeutics, and I hope will get due recognition for it in years to come. Those who have never investigated may look with scorn on the CLINIC and all connected with it, but occasional articles in the more pretentious magazines show that they are gradually assimilating your teachings; and although they fail to give you credit for it, those who have read the CLINIC for the last five years know well enough where it comes from originally.

I have just finished looking over the *Medical Review of Reviews* for June 25, 1903, and it is amusing to read one of the first articles, on sea-sickness, and

♥ ♥ ♥ ♥ ♥ ♥ ♥

Epilepsy: Valerian is an old remedy; good adjuvant: use the valerianates of any base that may be employed.

compare it with the short note under 419 in your catalog. They are miles behind you, and it jars me to hear such sneering remarks as Dr. Shepherd made in his address on surgery to the Can. Med. Association in Montreal last fall, when he spoke about the ignorance of some of the profession and quoted a few of the queries from THE ALKALOIDAL CLINIC.

Well, he laughs best who laughs last; and your turn will come.

A. F. Foss, M. D.

Lennoxville, Quebec.

—:o:—

We are more anxious that the profession shall adopt the truths of alkalimetry than we are that they give us personal credit, which is a very small matter comparatively.—Ed.

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#### THE NEW WAY SUITS.

I will say in regard to THE ALKALOIDAL CLINIC and the alkaloids, I am highly pleased with them and they are filling a long-felt want with me. I am tired of prescribing remedies for diseases, that are prepared by some pharmaceutical company, and are recommended for some certain disease by the company manufacturing them; and all the interest they have in the profession is the cash they can get out of them. Certainly we often get good results from such remedies, but why not? For the same reason it is easier to kill a squirrel with a shotgun than with a rifle—so many more chances.

The only preparation of aconite I ever used with any satisfaction is the pink granule. The facts are, I was al-

Epilepsy: When there are seminal emissions a few drops of the oil of rue is said to give excellent results.

ways afraid of aconite until I began their use. It would be no use for me to speak of the many good remedies I have obtained from the A. A. Co.—Saline Laxative, sulphocarbolates, apocynin, etc., and all excellent. The laxative granules are very effectual.

I have been in practice 20 years and always with more or less dissatisfaction in the use of the remedies I had been using. It is not so with the alkaloids. We can say to our patients that the little pills will act just as we want them to.

J. C. WILSON, M. D.

Donnellson, Ill.

—:o:—

Evidently the shotgun is losing favor in therapeutics.—ED.

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#### JUST CRITICISM.

By the by, that snake article in the last CLINIC is worth five years' subscription to any one who has the gumption to utilize it right. But that doesn't include all doctors.

DR. P. S.

—, Texas.

—:o:—

Well, we trust some one appreciated that paper. It took over 60 hours of hard work to get it up.—ED.

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#### "WHOOPEE."

After reading Dr. Cooper's article entitled "Whoopee," in the CLINIC for July, I cannot refrain from rising to remark: Mr. Chairman, I cannot wholly agree with the gentleman.

First, he says: "Don't commence the treatment of pneumonia with either a

cathartic or a laxative." With which I cordially disagree.

Second: "Don't waste the patient's time and vitality on Intestinal Antiseptics." With which I again heartily disagree.

Third: "Don't give the patient antipyretics, etc." Then why do you give veratrum, Doctor?

"Don't whip the heart and don't force feeding." That's all right. "Don't give opiates." With which I heartily agree, for that would lock up secretions, the very thing we don't want to do.

"Don't use the ice pack." That's very well.

But you say: "Don't use poultices of any kind; for it is like scratching the weatherboarding to disrupt the plaster on the inside." That's all right unless you mean to include counter-irritants such as sinapisms or vesicants.

You say: "Do use the tepid sponge bath; it is reflex causal treatment." Why is not a counter-irritant reflex causal treatment? Did you ever know a bowel trouble through reflex action to produce a rash upon the skin? Verily I have.

In acute bronchitis why does the flushing of the face often appear only on one side? Any fool can ask more questions than a smart man can answer, it is true. Hence I will revert to the editor's comment: "In all fevers the secretions of the glands connected with the alimentary canal are lessened or stopped." There is a mouthful well said. There is more in that paragraph than can be dug out of many lengthy articles.

"The microorganism in the bowels under the influence of increased heat with moisture and plenty of decompos-

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Epilepsy: Acetanilid is said to have given distinctly favorable results; but in just what cases we are unable to suggest.

Epilepsy: Gelsemin moderates all nervous irritability and especially sexual; and many cases need this sorely.

ble material (decomposing material), luxuriate and multiply, producing toxins with increased energy." There you are again. Who could ever attempt to refute such stubborn facts, when the fetor from the bowels of a pneumonia or typhoid patient would stop an eight-day clock? No, Doctor, the fact of your saying has never been disproven, neither will it ever be so long as man remains as he now is, for you cannot make fact of fiction. The esoteric blood-sweating of those who will not see will ever come to naught.

Please excuse me, brother, but I would like to ask Dr. Cooper one more question, viz.: Why is it the stomach, being an organ of flesh, will digest flesh within its own cavity and not digest its own walls?

Of course Dr. Cooper can answer this physiologic query, but he should think it over more often, ponder it more carefully; also why albumen is not digested in the bowels. And he will naturally irresistibly drift into the newer way of cleaning out the intestinal tract, and purifying it with harmless antiseptics, or antiputrefactives. It has long since dawned upon the horizon of my non-fertile encephalon, that when I arouse the glandular system to a normal healthy action, fever, either pneumonia or typhoid, will vanish like magic, which you cannot do without the glands themselves producing a free action on the bowels. And to maintain a normal action of the glandular or scavenger system, it is imperative that you maintain an antiseptic condition of the bowels.

Then after you have succeeded in bringing about a normal action of the glandular system and an antiseptic con-

dition of the bowels, and the fever does not leave at once, due to some idiosyncrasiness of the patient (which is extremely rare), a depleting action on the bowels with a saline purgative will knock it higher than Gilroy's kite. The best antipyretic known is a saline purgative.

Commit the following verse to memory:

When digestion is broken up,

Putrefaction fills the cup.

Digestion is invariably broken up when the glandular system connected with the intestinal tract ceases to act, and there is no such thing as fever without a tied-up glandular system, and there you have it in a nutshell. In a healthy person when the hydrochloric acid containing pepsin is poured out of the stomach into the bowel, it meets with the alkaline secretions such as the bile, pancreatic fluid and those from other intestinal glands, which neutralize the acid and destroy the digestive power of pepsin, uniting again the very elements that split in the walls of the stomach. The acid split up from sodium chloride passes through the stomach to perform its function combined with pepsin, while the alkali, sodium floats to the liver, pancreas, intestinal glands, and is excreted, thrown into the bowel to meet with its fellow, again a happy union, and man goes off into happy dreams of the fairy lands, and lives on and on. But if this acid when poured into the bowel meets not with its former mate, it goes on down the intestinal tract until it reaches Peyer's glands, and begins to digest them; and they muster and secrete all the alkali they can command, and use it as a sword against the



Epilepsy: Exclude salt from the diet, and salt the food with soda bromide, not over gr. v—x at each meal.

Epilepsy: Verbenin has proved of unquestionable value in many cases; especially when there are intestinal parasites.



enemy, acid; hence the gurgling noise in the iliac region in typhoid fever.

W. J. CONLEY, A. M., M. D.  
Coalgate, Ind. Ter.

—:o:—

Doctors must disagree, and very often when they do, the discussion leaves each nearer the ground his opponent occupied when hostilities opened.—Ed.

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### WHOOING-COUGH.

Have you ever used Euarol for whooping-cough? I tried it upon my own child, recently, with apparent great benefit—sprayed it in the nose.

D. ALLEN, M. D.  
Guthrie, Oklahoma.

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The alkaloids are all right. I note that most of the drummers have long lists of them, whereas a few years ago they had but few.

E. A. LEAVITT, M. D.  
Worcester, Mass.

—:o:—

They ought to be grateful to us for having made trade; but up to date we have not seen any evidences of their gratitude. Of their "knifing" we have seen a plenty.—Ed.

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### TYPHOID FEVER.

A child seven years of age had been treated by a good old homeopathic physician for two weeks. All this time he did not seem to do the child any good; fever ran higher and higher, and when I was called the temperature had reached 104.5.

I at once gave the child a saline laxative, followed by one-sixth grain calomel repeated every hour till bowels moved good. The next morning I began a thorough line of treatment. I also gave the night before when called, aconite, belladonna and bryonia, a tablet every hour till the temperature fell, which it did.

Now with my line of treatment: For the fever, aconite, belladonna and bryonia, one tablet every half-hour to one hour as required to control the temperature, accompanied by a sponge bath of equal parts water and vinegar every two or three hours. For the bowels, a tablet of calomel, ipecac and soda, every three or four hours in order to have two passages at least in the twenty-four hours, followed by a saline laxative every other day.

To keep the bowels antiseptic I gave the following, which had been used with success by one of the CLINIC family, and I shall certainly always use it in such cases:

Zinc sulphocarbonate.....dr. j  
Tr. iodine comp.....gtt. xv  
Pulv. acaciæ.....dr. j  
Aque camphoræ to.....oz. viij

Mix. Direct: To a child of six give a teaspoonful every two or three hours.

At the expiration of two weeks my child was almost well under this treatment. During this illness I allowed very little food, and that of a liquid nature—broths, milk, soft-boiled eggs, with plenty of boiled water and lemonade to drink.

I hope that I shall continue to have success with the alkaloidal treatment. My patients often say, what baby-doses he gives! But I am glad to say the baby-

♥ ♥ ♥ ♥ ♥ ♥ ♥

Epilepsy: Begin by making sure you have this malady to treat; then find out why the patient is an epileptic.

Epilepsy: Go over the body "with a fine-tooth comb," searching for reflex irritations, outside and inside; then cure them.

granules do the work. I would not be without THE ALKALOIDAL CLINIC. It has been my guide in many cases.

W. FRANCIS ERTTELL, M. D.  
Kalamazoo, Mich.

—:o:—

The doctor must make people respect his remedies. Do not let them speak of baby doses. It does you more harm than you imagine. Give them a baby dose of two or three granules of glonoin, and they will look on the doses with a superstitious awe that is no bad thing for doctor or dose.—Ed.

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#### **TYPHOID FEVER.**

I have been interested in your articles on typhoid fever. We had 40 cases last fall. I used the Woodbridge treatment, with calomel and other remedies to meet complications, and did not lose a case. I have now used this treatment for eleven years, without a death in typhoid fever; but cannot see that the treatment aborts the fever.

S. J. TOWNSEND, M. D.  
Robinson, Utah.

—:o:—

The Woodbridge is a good treatment but it is not as good as the sulphocarbolate, which certainly does abort a good proportion of cases; more when it is used early.—Ed.

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#### **TYPHOID FEVER.**

When I decided to become a physician, at the advice of a friend whom I was assisting in his office practice, I reasoned in this way: What is the use

of doctors or of medicine, if there is nothing in it to meet and arrest the progress of disease? Then let the malady run its course, with good nursing, and save the doctor's bills. And this conviction grew stronger as my studies progressed, for seven years. And all the great, learned professors talk, that typhoid fever must run its course, of 21 days, and additional experience in hospitals and sanatoriums, never once shook my belief. And I determined that when I was authorized to practise medicine I would show them.

Time passed and I graduated. I had not long to wait to prove my belief correct. The second year I was in practice, we had an epidemic of typhoid. I watched my brother practitioners making their regular visits, seeing that the disease of their patients was running its regular course in a proper way. I did not have many patients that season, but of those I had, the fever was charted and under control in a week or ten days at farthest; and before any of those serious complications, of the bowels, etc., could take hold.

The next season we had a more serious outbreak of the same malady. I had more cases, and the same success in aborting every attack. I kept hearing of a very bad case in another physician's hands, where an only son was growing worse every day, and they did not think he could live long. One afternoon as I was going out to see a patient I met at the door the father of this sick boy. He requested me to go and see the boy. I told him I did not wish to take a case as serious as I had heard this one was. The tears came into his eyes and he responded that he had dis-

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Epilepsy: Especially examine the eyes, ears, nose, rectum, genitals, prepuces, urethras; bowels for worms.

Epilepsy: Carefully regulate the diet and the emunctories; the minutest detail is too important to be overlooked.

charged the doctor in attendance, and wanted me.

The boy was 10 years old, and the attending physician had been very kind and attentive for 17 days, in watching the disease run its course; until the father, a very intelligent man, was aware that his son could not live out the 21 days with the present treatment.

His tears aroused my sympathy and I took the case, with the understanding that if the boy died I would not be in any way blamed. He reassured me as to this, and said he was a pretty good nurse and would assist me all he could. I found the fever raging, the abdomen so tender it could not be touched. I prescribed. Next morning found the pulse reduced six beats. That was about the only change. The following morning I could see several favorable symptoms, and the temperature was much reduced. This was the 18th day. On the 19th we could pronounce him out of danger.

Now let me ask the profession: If typhoid fever can be aborted after running 17 days, why cannot it be much more easily aborted during the first week? And if that could be done then, how much more surely now, with the alkaloidal remedies? Who dare say nay?

I was very proud of that patient. And when he grew older he studied medicine, and is one of the first doctors of the place. A life saved for usefulness.

I have always felt sorry for those doctors who settle down in the old ruts of professors and books; and do not come out and show the world they know something from natural God-given ability to think, and work hand and hand with Nature, instead of waiting for a disease to wear itself out. As

Pecholier found grapes an excellent diuretic, giving five pounds, the juice only, in three doses, for dropsies.

a young lady said to me two years ago, whose face was an awful sight for pimples. Her doctor told her she would just have to wear it out. I asked her to let me treat her and I would show him whether she must wait for years to have a smooth face and look presentable. She was all right in a few weeks.

E. T. JUDD, M. D.

Mattoon, Ill.

—:o:—

There are whole lots of good in the faith a physician feels himself and is able to inspire in his patient. Give me an optimist every time. When I get tired paying life insurance I will take on one of those "watchful" practitioners.—Ed.

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#### TYPHOID FEVER.

In a case of typhoid—man, 28—headache, anorexia, bruised, tired feeling all over body, tympanites, nose-bleed, typhoid eruption on abdomen, typhoid curve of temperature (typical symptoms), I used as the principal remedy that king of all drugs for stomach and bowel trouble, Intestinal Antiseptic, W-A, five grains every two hours while awake. Result, 12 days elapsed, and the man was cured and down town ready to resume work.

A. C. STROUP, M. D.

Philadelphia, Pa.

—:o:—

Well you might have written a whole book and said less.—Ed.

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#### TYPHOID FEVER.

There is heat being wasted and there are poisons to be eliminated. Use your Intestinal Antiseptics, of course, but

There are compensations. Few men would accept Carnegie's horror of death with all his millions, says his secretary.

give him plenty of hot water per rectum. This helps to replace the lost heat, it flushes the skin and kidneys; the mouth, stomach and bowels become moist. Begin with a pint of hot water every two or three hours and gradually increase the amount and frequency. Many patients can take a quart of hot water every hour for 18 out of the 24 hours. Where does it go to? But this is extreme. Let the comfort of the patient indicate the limit.

FRANK POLLARD, M. D.

Albion, California.

—:o:—

Be careful that you do not dissolve the red blood cells or swamp the brain in apoplexy with such a flood of water. But apart from this, if used with discretion the method is of great value. —ED.

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#### TYPHOID.

Case I. Anna S., American, aged 17, had malaria two years ago, health since good. Six months ago her brother died of typhoid fever.

On the 10th inst. I was called. Had been complaining for 10 days with headache; constipated, no appetite, general lassitude, temperature 104 F. (evening), bowels swollen and tympanitic; tongue heavily coated, extremely red on edges and pointed; pulse 108, respirations 27, urine high-colored and scanty, nausea.

Treatment: Unloaded bowels with effervescent salts, for fever aconitine, veratrine, hyoscyamine each granules 18, dissolved in 24 teaspoonfuls of water; a teaspoonful every 15 minutes for

2 hours, then every ½ hour for 2 hours, then every hour to hold temperature below 102 F. Ordered a tenth-grain tablet of calomel every ½ hour until 2 grains were taken. "Something New For Pain" as required to ease head and produce rest.

Next day, morning temperature under 102, pulse 90, respirations 22. Continued treatment. Evening temperature 103.5 F., pulse 104, respiration 26. Increased solution for a time again.

Third day, bowels had been freely moved. Symptoms all improved, tongue moist, some gurgling on pressure over the right ilium, but little flatulence. Ordered sulphocarbolate of zinc gr. ½ every 2 hours.

Monday temperature 100.5, pulse 86, respiration 20. Evening temperature 103, pulse 104, respiration 27.

Fifth day. Ordered another course of calomel, changing solution by adding strychnine arsenate, when all the medicines seemed to act with more force. Morning and evening temperature a degree less than the day before, and pulse and respirations in proper ratio.

Sixth day. Morning secretions all more active, temperature 99, pulse 76, respiration 20. Evening temperature 101 F., pulse 86, respiration 22. Washed bowels each day with Saline Laxative. Other treatment continued, leaving off calomel.

Seventh day. Morning temp. 97.5 F. Ordered Euquinine grain v at a dose until three doses were taken at four-hour intervals. Before the third dose her temperature ran up to 104 F. and she became stupid, and did not recover from it for over two days. Pressed the febrifuge and by morning of the ninth

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The *Lancet-Clinic* intimates that the *J. A. M. A.* is becoming an active and aggressive competitor of the other medical journals.

Punton in the *K. C. Med. Index-Lancet* tells some good ones on medical malingerers and their tricks on railroads.

day was convalescent and went on to full recovery.

Case II. Jessie S., sister of case 1st, aged 15 years, was taken the day after her sister with all the symptoms, more aggravated. Treatment same as her sister's. Third morning complaining of throat. Found soft palate, in fact whole fauces, very angry and swollen with three spots resembling diphtheritic deposit, with excessive secretion of tough mucus. For throat gave iodized lime. In 36 hours the deposit was all gone and inflammation much reduced.

On the morning of the sixth day pneumonia had developed at root of right lung. Used atropine to relieve congestion of the lungs and check hemorrhage, sulphide calcium to liquefy the hepatized condition. Treatment for the other symptoms was the same as her sister's save the Euquinine. At the end of ten days she was clear of fever, and progressed to recovery without further trouble.

After opening the bowels of each, the characteristic pea-soup discharges began, and lasted for three and four days, when the offensive odor subsided and actions became more consistent.

Was I right in diagnosing typhoid fever, and was it aborted by the treatment?

Before I adopted the alkaloidal system of medicine I dreaded to come in contact with typhoid fever, pneumonia and that child's disease, cholera infantum. It is now a pleasure to treat said complaints. I have been here 14 months, have used no other medicines save the "sure shots," and have never lost a case of either. Can't remember

the cases of cholera infantum, but have 13 cases of typhoid and 14 cases of pneumonia.

J. K. P. SMITH, M. D.

Antlers, Ind. Ter.

—:O:—

Well, if they were not typhoid fever what were they? If you had used the old method and they had run the regular course the diagnosis would have been accepted without question. As it is, those who do not believe in the jugulation of typhoid will deny the diagnosis. It makes such a difference whose ox is gored.—Ed.

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#### **TYPHOID FEVER.**

Nearly nine years ago your journal came to my desk. I thought then I saw a nucleus for a great work on the line I was an advocate of—better or closer dosage.

At that time I was a young physician practising in a large seaport city. I mentioned it to some of my fellow physicians; the result was, I was laughed to scorn for taking up with a "rotten trade sheet." This almost chilled the thought of my ever again making an attempt to get out of the old rut; so I labored on, still using the old Galenic stuff, and every year found me sinking deeper into the mire. I have since moved three times, almost giving up in despair, thinking that medicine was indeed a failure.

At last the CLINIC came to visit me again. I hailed it with great joy this time, as it came in good season. I grasped at it like a drowning man grasps at a straw. I drank in the words of

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Enuresis: Reduce the irritability of the bladder by a full dose of atropine at bedtime, enough to flush the face.

Enuresis: In some cases when atropine fails or if worms are present in the bowels, santalin gives good results.



every article, yet faltering with unbelief at some saying they had lost no patients since beginning the use of your granules. The natural result was, I ordered a few of these preparations and they have given me perfect satisfaction. I cannot say as some do that they have lost no patients since using the granules, but I must say that I find them far superior to anything I had ever used previously.

I wish to report a few interesting points in a typhoid fever case: My patient was a young lady, 23 years old, deformed, being scarcely as large as an infant. Her lower limbs were useless, chest conical shaped, coned downward to correspond with the undeveloped body; nothing was normal but the head, but she was unusually bright. During my absence the family became alarmed about hemorrhage of the bowels and sent for another physician to check it.

On investigation I found he had given lead and opium in the old way, which did no good, but set her to clawing herself nearly to death.

I found her pulse scarcely perceptible, the hemorrhage about 2 oz. at a time. Realizing that something must be done and at once, I resorted to my little premium case. There I found ergotin, glonoin and strychnine. I gave ergotin gr. 1-6, strychnine gr. 1-134, every 15 minutes for an hour. I also gave at once gr. 1-50 of glonoin. In about an hour she turned over and said: "Well, I got better mighty fast." The hemorrhage ceased, pulse came up again and I went home rejoicing.

To my sorrow, however, she died shortly afterward of bilateral pneumonia. All who were present that night thought I wrought a miracle, as there was scarcely a spark left to work on, so

near was she gone. I could write the whole history of this case, which is very interesting to me; but as this is my first letter to the CLINIC I fear it is already too lengthy.

I have tried gr. 1-250 of hyoscyamine every 10 minutes for gall-stones, and find that nothing equals it. I do not have any trouble in getting the effect I desire when using the granules. I read the CLINIC eagerly and find many helpful things in it. I see reports in it from Maine to Florida, all except Georgia. What is the matter? Is it possible that the Georgia boys are so far behind? Or is it that they just neglect to write? I trust it is the latter; if so, I say, work up. Get in the bandwagon, boys, and let us hear more from Georgia.

Well, Mr. Editor, I am not a very fluent writer, but I trust you will not cast this into the wastebasket.

H. B. STANLEY, M. D.

Blitchton, Ga.

—:o:—

External cleanliness is all right; but as to the inner skin, the mucous membrane, any attempt at cleanliness is heretical. Funny, isn't it?—Ed.

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#### **TYPHOID FEVER.**

Six cases, this being all that I have treated so far this summer. The fever ran from ten to eighteen days. All recovered with little loss of flesh. No hemorrhage, no dry tongue, no bloating, spleen did not become involved, slept well, no delirium, kidneys acting good, temperature ranged from normal to 105, little vomiting in the most severe cases, stools offensive only occasionally, mind clear all the time in all cases.

♥ ♥ ♥ ♥ ♥ ♥

Enuresis: For aged paralytics or elderly women with leaky bladders tone up the sphincters with cantharidin cautiously.

Enuresis: Delicate strumous children improve when you add iron iodide to the other treatment that seems indicated.

**Treatment:** The bowels were kept moving freely with syrup of senna when necessary, as the quantity of the saline cathartic sufficient to accomplish the object was seriously objected to by all my patients, and led me to use something less objectionable to them; and as the senna syrup was easily taken, no objections raised and acted well, it was used with the most happy results. Hot baths morning and evening (I never use cold), clean linen, good ventilation, nourishment, this being varied somewhat to suit the tastes of my people. Abundance of good cool water to drink (not ice cold), ice cold water from my experience, as well as cold baths, are not the best and do not accomplish the best results so I never use them.

Now, for the medicine used and the plan pursued with it; and all cases, and all suspects, have exactly the same course, size of dose only being changed to suit the age and condition of my patient:

No. 1. To reduce the temperature and hold it down:  $\mathcal{R}$  Acetanilid gr. 36, salicylic acid gr. 12, strychnine sulphate gr. 1-40, tablets 6, heart tablets 6, pulv. licorice root gr. 12. M. Make 12 powders and give one every two hours when there is any fever, all the time day and night. The acetanilid may be increased in amount for grown people, in very severe cases, but this is seldom necessary when the other treatment is pushed from the start.

No. 2.  $\mathcal{R}$  Sulphocarbolates of calcium, sodium and zinc; and oil of gaultheria gr. 30; water 3 oz. M. Direct: Tablespoonful every four hours day and night, from start to finish; alternate with No. 3.

No. 3.  $\mathcal{R}$  Chloride (not chlorate) of

potassium gr. 180, f. e. echinacea 3 drams, Echthol 3 drams, atropine gr. 1-250, syr. q. s. to 3 ounces. M. Direct: Tablespoonful all the time, alternated with No. 2.

You will see this is just enough medicine for twenty-four hours, and all my adult patients get this every 24 hours. I never have to see them at night and only once each day, never have had the least trouble getting my medicines taken, nor my directions followed, and no talk of trying another doctor. The doses of all the above should be regulated for children in proportion to ages. I shall keep the readers of the CLINIC posted on future cases and will report failures if I have any.

M. E. JOHNSON, M. D.

Pittsburg, Kansas.

—:o:—

Because you cannot render the alimentary mucosa strictly clean and germfree, don't try to clean it at all. You can't render the skin absolutely clean either—but the same reasoning doesn't apply here.—Ed.

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### TYPHOID FEVER.

You ask for alkaloidal experiences in typhoid and enteric fevers. Mine have been almost entirely satisfactory. I think last year was about an average with our cases in this section. I had 36 cases of genuine typhoid, according to all the light we have on diagnosis.

My treatment was as follows: Clean out thoroughly with calomel gr. 1-10 every hour till effect, followed by a daily dose of saline if needed to keep bowels moving. Zinc sulphocarbonate

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**Enuresis:** For aged paralytics and when other drugs fail, give strychnine and push it up to full effect, dose enough.

**Enuresis:** The paralysis of the vesical sphincter is combated by full doses of ergotin, alone or with strychnine.

gr. 3 to 6 every two hours till stools are normal in looks and smell. If they became constipated I changed to the soda salt, gr. 6 to 10 every two hours for same effect.

If the temperature was high at first I gave enough acetanilid to reduce, and then tried to keep it down with aconitine; in which I was always successful if the patient was a child, or in a mild attack in an adult. If this failed to keep the fever below 103 I resorted to the bath, unless in the case of a very full pulse. Then I gave an occasional dose of acetanilid to take the top off the fever.

When ulceration was extensive, as shown by the dry tongue and tympany, I gave turpentine (oil) gtt. 10 every six to eight hours till the tongue improved; also silver nit. gr. 1-4 three or four times a day to aid the healing process.

If the kidneys slowed down too much I gave sp. nit., pot. acet., or asparagin, till they resumed their normal functions, which they always did. Opened all abscesses as soon as discovered. If bleeding occurred, which it did in two cases, I gave ergotin gr. 5 hypo, saline infusion and strychnine, till my patient was out of danger. In perforation—one case—I treated expectantly: e. g., did nothing, and expected him to die, which he promptly did. My results may be summarized as follows:

| 8 cases | cured | in | 10 days. |
|---------|-------|----|----------|
| 4       | "     | "  | 12 "     |
| 5       | "     | "  | 14 "     |
| 9       | "     | "  | 18 "     |
| 4       | "     | "  | 20 "     |
| 2       | "     | "  | 23 "     |
| 2       | "     | "  | 28 "     |
| 1       | "     | "  | 37 "     |

Enuresis: While rhus tox resembles cantharidin, cases occur where either relieves and the other does not.

One case died from perforation on the 31st day. Both cases that ran 28 days relapsed, one lasting twelve days, with a perfect recovery. The other ran fourteen days, and three days later relapsed; and again ran ten days.

I claim that my results have been good, not so good as some alkaloidal men claim, but better than the published results from the use of drugs that just now are attracting great attention as modifiers of this widespread scourge. I have had this line of treatment disappoint me a few times, but not nearly so often as the plans in vogue eight or ten years ago. I feed on soups, milk, beef juice, baked apples, buttermilk, egg water, and jellies; all these at all times during the disease except in the actual presence of hemorrhage.

H. C. CHANCE, M. D.

Cumberland Gap, Tenn.

—:0:—

It is difficult to explain away such records—but then we can ignore them. The doctrine of cleaning out the filthy bowel and keeping it clean appeals to common sense; and the trials justify the doctrine.—ED.

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The alkaloids have never yet disappointed me in any case whatever.

G. F. THOMIR, M. D.

Williamstown, Mo.

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Calcium sulphide cures nettle rash. Apply externally or take by mouth till saturated.

DR. N. BLACKWELL.

Bartlett, Tenn.

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Enuresis: Scutellarin is a soother of irritated nerves, and hence we see why it has proved beneficial in some cases.

# AMONG The BOOKS

NOTICE.—The CLINIC will be pleased to furnish any book published (as well as those especially mentioned) upon receipt of price. It is thought that this will prove a convenience to CLINIC readers.

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Vol. VI. *General Medicine*. By Drs. F. Billings and J. H. Salisbury. The Year Book Publishers, \$1.50.

The same qualities of recency, brevity and thoroughness which characterized the previous volumes of this series are to be seen in this volume too.

❧

The past month or two have been, if anything, extraordinarily interesting to the doctor who reads. Not only have we two or three new works of extreme interest but some of the old favorites have appeared in new editions.

Perhaps of first interest is the new work on *Surgery* by Geo. E. Brewer, A. M., M. D., Medical Dep't of Columbia University, New York. Of works on surgery there is no end—and there are some good ones too—but the general practitioner yet sighs for a book which he can pick up when in a hurry and dilemma with the certainty of finding just what he wants to know and as he wants to know it. This book promises to supply the need. The author has handled his subjects brightly, concisely

and also manages to clearly convey to the mind of his readers just what he desires to convey. The methods described are those approved by the conservative, well-grounded modern surgeon and the man who has Brewer's *Surgery* and reads it need not fear that his technique will be dubbed "old-fashioned."

The latest and all accepted theories relative to infection, bacteriologic invasion and inflammatory changes are clearly and succinctly given while the description of operative procedures is so graphic that the reader who possesses even the slightest imagination can almost see the work described being done. The publishers are Lea Bros. & Co., Philadelphia and New York. Price \$4.00.

❧

*Some Elements to be Considered in Urinalysis*. Six essays by J. W. Grismond, M. D. M. and L. Monitor, Indianapolis, Ind. \$25.

A valuable summation of perhaps the most important elements in diagnosis. Most heartily do we recommend the pamphlet.

❧

*Otology, First Principles of*. Text-book for Medical Students, by Herbert H. Buck, M. D. Second edition, New York, William Wood & Co. 1903.

If these lines meet the author's eye then the writer of them wishes to congratulate the son on the fine mental inheritance he received from his father, whom the writer had the pleasure of knowing in the fifties of last century, in the College of Physicians and Surgeons—then of the state of New York. *Esto Perpetua!* Such a son of such a father must produce an "up-to-date" book. It is small but contains much.



*Radium and Other Radio-Active Substances; Polonium, Actinium and Thorium, with a Consideration of the Phosphorescent and Fluorescent Substances, the Properties and Applications of Selenium and the Treatment of Disease by the Ultra-Violet Light.* By William J. Hammer, Consulting Electrical Engineer. New York, D. Van Nostrand Co. \$1.00.

When the reviewer of this book first heard of Radium there came to his mind the Rabbinic fable about the light in Noah's ark. It was this that troubles them and not the ventilation which troubles them most. They say that Jehovah commanded Noah to take with himself, luminous precious stones into the ark. This is one of the wonderful anticipatory hints of the mysterious ancients.

Rarely has a book so absorbed our attention from its first to its last page. The historic part of the book is fascinating. The author's familiarity with the scientists of Europe and America whose conversations with him on the topics of this book are attractively related forms one of the most pleasing features of the volume. If you have ever read Lloyd's *Etidorhpa* you will be reminded of it



Enuresis: Stillingin has been used with success, and is a drug about which we would like to know a whole lot more.

when you read here of radioactive substances—the wonders of light as they are brought out here not only pass your imagination, but paralyze your unbelief in any possibilities. What do you think of transmitting speech by a beam of light? There are very helpful illustrations in the book wherever needed. The book is, though severely scientific, highly interesting for the educated non-medical laymen.



*Latin Grammar of Pharmacy and Medicine.* By D. H. Robinson, Ph. D., L. E. Sayre, Ph. M., and Hannah Oliver, A. M., of the University of Kansas. Fourth edition. Philadelphia, P. Blakiston's Son & Co. \$1.00.

It is cheering to know that despite the neglect of the two classic languages advocated and practised by a high educational authority in the East the medical profession finds use of such a Latin book as this, and demanded four editions of it in about one decade. And the irony of fate orders this excellent Latin grammar to be the product of the "far West." The knowledge this book could impart in a year would suffice to make a physician consult with a colleague in Latin, a thing greatly to be desired as a protection against lay eavesdroppers and purloining quacks. Medical schools should adopt this book as one of their textbooks.



*King's Manual of Obstetrics.* By A. F. A. King, M. D., the Medical Department of the Columbian University, Washington, D. C. Ninth edition, revised and enlarged, in one octavo volume of 628 pages, with 275 illustra-

Enuresis: Circumcision is often the real remedy, and may be requisite for either sex. Do not forget this point.



tions. Cloth, \$2.50, net. Lea Bros. & Co., publishers, Philadelphia and New York. 1903.

There will always be need of such an excellent book as this for both student and busy practitioner, neither of whom can neglect much larger works in due time, yet neither of whom may but rarely have time for them, and yet need a ready reference book of reliability and recency. The number of this edition is sufficient proof that the book meets the stated requirements.



By the same publishers, and of their medical Epitome series, *Medical Jurisprudence*. By Dr. E. W. Dwight of Harvard University. Meets also the demands stated in the previous notice.

By the same publishers we have before us of their very timely and much needed "State Board Examination Series" the following two booklets: *Questions in Therapeutics, Practice and Materia Medica*, and *Questions in Chemistry*.

These are compiled and edited by a practising physician who well knows the requirements of the highest class of examinations. These booklets will save an immense amount of time and brain energy, and in mastering them give the examinee that confidence and self-reliance which he needs for the trying hour of his medical career.



*A Thesaurus of Medical Words and Phrases*. By Wilfred M. Barton, and Walter A. Wells, M. D., Georgetown University, Washington, D. C. Handsome octavo of 534 pages. Philadelphia,



Enuresis: Whenever the urethra is overly sensitive, the injection of Euarol will be most likely to cure the case.

W. B. Saunders & Company. 1903. Flexible leather, \$2.50 net; with thumb index, \$3.00 net.

To write plainly is a requirement, to write pleasingly is kindly, to write elegantly is a virtue. But to write like all these is not given to as many as have the duty, or inclination to write. In bel-les-lettres Roget's Thesaurus of English words was a great help since 1850, and I use yet the American copy of 1854, in preference to Roget's Son's edition.

In medical literature we had up to this time no such help, and that is the reason why we have so many good physicians and surgeons that write such wretched English. They should do it no more if they have enough to buy this book. We hail its advent.



*Pediatrics* by I. A. Abt, M. D., of Rush Medical College, and *Orthopedic Surgery* by John Ridlon, M. D., of Northwestern University Medical School. The Year Book Publishers, Chicago, \$1.25.

This is volume VII of the Practical Medicine Series of Year Books, for June, 1903. For brevity and comprehensiveness at the same time these year books occupy now an almost indispensable place in the libraries of up-to-date physicians and surgeons.



*Plain Hints for Busy Mothers*. By M. Wheeler, New York. E. B. Treat & Co. \$35.

A small booklet but of which a great many good things could be said, if this space were not so dear. Doctor who reads this, get a copy and see whether

Enuresis: The influence of habit and of fear is strong, and must not be neglected while drugs are being given.

it does not just suit for the mother you have just "confined."

✱

*Lee's Improved Obstetric Record.* Provides for a complete and concise record of all facts concerning the pregnancy and confinement. By Stephen C. Lee, M. D. 300 pages. Price \$1.75. Published by Pierson Publishing Co., East Orange, N. J. This is a true copy of the title page, and it is true, every word of it. It is elaborate, but seemingly unimprovable.

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From the same publishers we have received *Gynecology*. A Text-Book for Students and a guide for practitioners. By William B. Pryor, M. D., of the New York Polyclinic Medical School. \$3.50.

This work of 374 pages closely printed, and 163 illustrations is exactly what is called for in the title, a text-book for students and a guide for the practitioner. It is not an encyclopedia for the specialist. There is much valuable original matter both in text and illustrations of this book. We general practitioners in country, town and city will find an excellent consultant in this terse volume.

✱

*International Clinics.* A quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by Leading Members of the Medical Pro-

fession Throughout the World. Edited by A. O. T. Kelly, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W., Ballantine, M. D., Edinburgh, and John Harold, M. D., London, with regular correspondence in Montreal, London, Paris, Leipsic and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00. Volume II, 13 Series.

If by some scientific witchcraft, to which we are getting accustomed, we were able in a few days to visit in this country and in the world the centers of medical learning, be present at the clinics and listen to its coryphee, what would we give for it in money, if we were able? And two dollars for this volume will give you quite a space of an equivalent of that imagined privilege. The space in these pages is too dear to refer the readers to even a good part of the articles in the volume before us. But we must refer to the excellent article on local therapeutics in rheumatism with salicylates, and other drugs in other diseases, written by the general and penetrating pen of Charles Bouchard of Paris. His conclusion is that: "The efficacy of local therapeutics by means of very small doses (hypodermically) appears to be demonstrated." My question is: Why not by cataphoresis? If the reader has a case of rheumatism let him send for this volume, read this paper, and thank me for calling his attention to it.

♥ ♥ ♥ ♥ ♥ ♥ ♥

\* Enuresis: The discharge occurs when the bladder is full and the patient lies on his back; so take due precautions.

Intestinal Antiseptic: Salol, turpentine, each 2 drams: mucilage acacia to 4 oz.; dose a dram every three hours for adults.—F. M. Jeffers.

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

REPORT:—"Emphysema, Synovitis, Epilepsy." Just ordered medicine for emphysema. Man with inflammation and effusion in knee-joint is much better and will get well; though the prognosis at one time looked very unfavorable. The epileptic is on verbenin.

J. L. M., Maryland.

I am glad to hear your cases are doing so well. It is all right, Doctor, when we have a good man to point that rifle straight.—Ed.

✽

REPORT:—"Epilepsy." The dose of verbenin was increased to 60 granules a day; then pruritus developed and she began to lessen the dose, and has been taking 48 daily for some time, with Intestinal Antiseptics after meals. The attacks became lighter, then there were two hard ones, and now she goes a week or more without any. She will continue. When troubled with the pruritus the urine decreased to once a day, and then but little. She is now better than ever before, in every way; and has great hopes of a permanent cure. She felt worse after the "Anti-Epilepsies." I believe she will eventually recover.

L. E. F., California.

QUERY 3882:—"Orchitis," says: "Antiphlogistine was used with temporary improvement." Why temporary? Because he did not pursue this valuable method of treatment to a point which would have made him substitute permanent for temporary.

It is a known fact to genitourinary specialists that Antiphlogistine properly applied is an actual specific in orchitis. The very best New York G. U. men follow this line of treatment because it obviates strapping the testicle, iodine, ice or poultices, and guarantees results. With his next case of orchitis, querist 3882, having taken a step in the right direction, let him keep to the road and render continued comfort to his patient.

There is nothing that annoys a swollen testicle more than speculative, ever-changing treatment, and there is nothing better for orchitis than rest and Antiphlogistine.

H. M., New York.

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REPLY TO QUERY:—I would like to say for the benefit of R. S. G., page 696, that if he will take the name of each alkaloid and active principle advised for use in the CLINIC each month, and look them up in the last edition of Shoemaker, he will derive much benefit. This we

can do while the CLINIC staff is getting in its work on the new Alkaloidal Therapeutics; which each of us will buy when it appears.

A. E. S., Arkansas.

Good advice. Shoemaker has more good things in him than almost any of the other works on materia medica. But there are also good materials in Wood, Hare, Cushny, Brunton, Ringer, Waring, Phillips, Gubler, Nothnagel, Liebreich, Bartholow, Ellingwood, the Dispensatories, Webster, Scudder, and especially as regards the alkaloids in Von Renterghem. And that is why the new work makes slow progress. We have never learned to fake work. We cannot slight such important materials, and have to dig out every last bit of good from every available source before we complete a subject. And then we are not satisfied, for we well know that there are matters of value we have overlooked. But we count on your coöperation. When the book appears we expect each of you to keep notes, and every point relative to each alkaloid that is not mentioned in the book you are to jot down and send us for incorporation in subsequent issues. Just think! If that becomes the sum of the therapeutic knowledge of 30,000 active practitioners what a mine it will be.—Ed.

✽

REPORT:—"Phthisis." From the time this patient came into my hands she has been taking iodoform and strychnine arsenate with an occasional nightly dose of atropine for night sweats. The cough has about ceased, there are no sweats, fever nor expectoration, and have been none for some days.

W. F. T., Kansas.

♥ ♥ ♥ ♥ ♥ ♥

Emaciation: Calcium lactophosphate for chronic wasting disease, cachexias, tedious convalescence, frail tissues.

The August CLINIC is a whale in size and information.

REPLIES TO QUERIES 3844:—"Abdominal pain" in boy needs anemonin if pin or needle is not the cause.

3845:—"Amenorrhea," in young girl, needs acid phosph, dilute, and if well otherwise an imperforate hymen need not be interfered with until her marriage. The theory of septic poisoning to the contrary.

3846:—"Aphonia in Widow," needs caustic potash (causticum Hahnemannii). It will cure aphonia and nervousness, both, gr. 1-1000 each 3 hours, extending time as better.

3849:—"Backache," will be relieved with small doses of tabacum. Now surprise yourself by trying it, 1 to 10,000. Gum guaiacum in whisky is another remedy. No other medication. Small doses repeated frequently.

3851:—"Catarrh," another case needing anemonin each 3 hours for many days.

3854:—"Cystitis," in young lady; bladder should not be treated locally; sarsaparilla in small doses will help her now. Lycopodium may be needed later to complete the cure but never local applications to such cases.

3855:—"Cystitis and Enlarged Prostate," digitalin will help all that, and stricture also—one granule each 3 hours, for some time.

3857:—"Dysmenorrhea." Why not stick to anemonin, and it only? As you state it relieved before, continue it every day for a month. Do not even think of curetting, unless you do not care for the woman's health—only the fee.

3862:—"Gastralgia," will get relief from phosphate of lime, gr. 1-1000, repeated frequently.

3863:—"Dysmenorrhea," needs small doses of carbonate of iron, and vision tested and eyes fitted with proper glasses.

3864:—"Gastritis," neuralgia, etc.,

Emaciation: Calcium lactophosphate chronically for strumous weakly children in large families, and for their mothers.

needs acetate of manganese, 1 to 1000 repeated frequently.

3865:—"Hematemesis" in maiden, needs anemonin after the calc. sulphide saturation. Continue it, in frequent doses, for some weeks. It will cure.

3866:—"Hematuria," the blood makes the "urine dark." Give hamamelis or witch hazel, internally only, and see a cure.

3867:—"Jaundice." Give tincture of cinchona in water, in frequent doses, notwithstanding quinine has been given to her injury. Try it and be convinced.

3871:—"Lumbago," will be helped by tart. emetic, 1-10 of a grain, night and morning, taken when lying down. Will not need local treatment.

3872:—"Milk Leg." Phytolaccin alone frequently repeated, and do not cut the bosom.

3875:—"Neuralgia" (?). Why did the surgeons remove the left ovary when it was thought to not be diseased? Although not stated, I suppose they removed a lot more of her anatomy. If the hyoscyamine, etc., does not relieve, then try phosphate of magnesium in hot water—1-1000—every dose in hot water, repeated frequently.

3876:—"Neurasthenia." As I read it I thought as the editor suggests that the woman "has not told all." Find it out.

3877:—"Neurosis." Look after prolapsus, and give her chloride of sodium in small doses, 1 to 10000, repeated frequently even if she does eat it at each meal.

3882:—"Orchitis" needs carbonate of potash, small doses repeated frequently, internally and locally if you wish.

3883:—"Pain," picric acid in small doses, repeated frequently to cure.

3884:—"Palpitation" in boy, will get relief from tincture of tiger lily in small doses, repeated frequently.

3885:—"Paraplegia," widow, al-

though 78 years old may have a pro-cidentia; investigate, also give tincture of the Ohio buckeye, in small doses, repeated frequently. Worth trying.

3888:—"Pleurisy." I would fear tuberculosis also, even if the laboratory said "no." If she was my patient or my wife, I would commence and give apis mellifica 1-1000 every 2 hours when awake, and keep it up even after confinement. Hope Doctor B. will report.

3891:—"Pruritus Ani." See answer 503, on page 945, August CLINIC.

3892:—"Psoriasis," needs carbonate of magnesia or the mollusc sepia given as in foregoing hints—small doses, repeated frequently.

3896:—"Stomach Irritable," young girl needs phosphorus in small doses, also investigate the condition of her cervix uteri, for it may be unusually contracted or in a flexed state, causing all the trouble.

3897:—"Stomatitis," will be helped by a weak solution of bichromate of potash.

3898:—"Syphilis." Inquiry for the best local treatment in specific ulcerative tonsillitis. Such practice makes the Hot Spring patronage, and constitutional and inherited syphilis. Why not learn to cure the disease within, and let the external sores, kept clean with pure water, be the guide for the selection of the remedy, and progress in cure?

PAGE 825:—"Child 11 days old, blisters on palms of hand and feet." Could have been relieved by small doses of carbonate of magnesia. Make note of it for future cases.

PAGE 826:—"Virgin, age 33." If examination is *nil*, not even polyp, then use small doses of oystershell powder each three hours till better.

PAGE 828:—"Egg-phobia." I relieved myself after 26 years. Will furnish the remedy on application and ask that the results be published in CLINIC.

JOHN F. EDGAR, M. D., Texas.



Emaciation: Sometimes the arsenics fatten up people in a remarkable manner; give small doses for long periods.

Emaciation: Scrofulous and syphilitic cases fatten remarkably on mercury and the iodides; iodide of iron.



## QUERIES.

QUERY 3932:—"Sectarian Rights." What is the meaning of the words "sectarian rights" in the footnotes? Does California reciprocate with Illinois in medical examinations?

J. S. L., Illinois.

Sectarian Rights in the footnotes means that the nonregular schools of medicine are separately provided for by the state examiners, by special examiners from their own schools. The information was necessarily condensed to bring it into the limits of the footnotes. The California board reciprocate with that of Illinois, if they choose.—Ed.

✽

QUERY 3933:—"Rhus poisoning." I have a very stubborn case of hedge poisoning—ivy—only relieved while the patient takes belladonna and echinacea, and applies an ointment of sulphur and menthol. Treatment has extended over two months and when the medicine is suspended for two days the eruption is as bad as ever. Small papules appear, becoming vesicles, with relief when opened. On hands, arms, feet and legs; worse when sweating.

I am positive I could not have spent a dollar for more news and knowledge than I did when I ordered the CLINIC.

A. J. F., Illinois.

Give that patient enough pilocarpine to cause sweating and apply locally sweet spirits of niter.—Ed.

✽

QUERY 3934:—"Tapeworm?" Some time ago I gave a patient a bottle of Abbott's Tapeworm Remedy, and no worm appeared. The patient still presents the symptoms of tapeworm—continually spitting, choking sensations, actually chokes with phlegm to such an extent as to render him unconscious for some

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Emaciation: Malarial and other cases do well on quinine arsenate up to a grain a day, or with iron arsenate.

moments, or till he can belch or vomit a thick, ropy mass, when he is easy for one to three hours, when the same thing is repeated. This lasts some days, is worse at night, and is repeated in two or three weeks. Since taking the tapeworm remedy the spells are lighter, and he is anxious to have the treatment repeated. The case has baffled a number of physicians, been diagnosed as epilepsy, and has lasted twelve years. They began after a long and severe attack of typhoid fever. He is 44, very hearty eater, healthy otherwise, good digestion, kidneys normal.

W. C. H., Tennessee.

Unless your patient is passing pieces of tapeworm he has none. The symptoms you describe are due to gastric catarrh and may be present with tapeworm or without it. I would recommend very careful dieting, and the following treatment: zinc oxide grain 1-6, juglandin grain 1-12, two granules of each with one of copper arsenite grain 1-500, every two hours except when asleep. One hour before each meal, two Intestinal Antiseptic tablets with a pint of hot water. Added to each of the two-hour doses, two granules of verbenin. Let him exclude salt from his diet entirely, and give him food which compels him to chew a long time before swallowing it.

Now, Doctor, do not be in a hurry with this case, but give the treatment at least two months before you decide as to its value, for such cases cannot be helped in a hurry.—Ed.

✽

QUERY 3935:—"Typhoid Fever." Woman, 37, convalescent from supposed typhoid fever, weak, no appetite, despondent, has spells of crying, wants to

Emaciation: For anemics give iron arsenate gr. 1-6 every two-hours with a glass of water with each dose.

sleep most of the time, bowels move daily, stools dark and very offensive, some tenderness over liver.

B. J. P., Ohio.

Your typhoid convalescent is badly in need of intestinal antiseptic. Saline laxative, with seven tablets a day, would meet the difficulty. Add to this quassin and Nuclein in full doses, and she will come up in good shape. Flush the colon also with solution of zinc sulphocarbonate  $\frac{1}{2}$  to 1 grain to the ounce.—Ed.

✽

QUERY 3936:—"Typhoid Fever." A case of typhoid fever is worrying me. Fever up to 104, condition fairly good except for the enormous distention of the abdomen, for which we seem to be unable to find a remedy. Gave three Triple Sulphocarbonate tablets, P. D. & Co., every hour for several days, now every two hours; have used turpentine, enemas, tried to clear bowels with magnesium sulphate but did not succeed well; circulation depressed. I am worn out with overwork, and cannot give you a clear account of the case now. If we could get rid of the flatulence the case would do well.

J. W. T., Kentucky.

This patient should have the colon flushed with warm zinc sulphocarbonate solution, 20 grains to the quart twice a day. Give also a teaspoonful of Saline Laxative in a glass of cold water every four hours; adding to each dose a granule of physostigmine grain 1-250, to give tone to the bowel. In the present condition I would strongly advise you to push the turpentine, or still better to substitute oil of cinnamon, five to ten minims every two hours in capsules. Now, here is a plan, Doctor: Put five minims of oil of cinnamon in a large capsule and fill it up with salol. Salol

is believed to be insoluble in the stomach and possibly may carry the oil into the bowel before it is all taken up. It is too late now to expect from the sulphocarbonates the striking benefits accruing from their early employment in this disease. Turpentine is a better remedy at present. Also Dosimetric Trinity is needed in the case to restrain the fever within close bounds.—Ed.

✽

QUERY 3937:—"Vomiting of Pregnancy." Primipara, 40, in sixth month, no albumin or sugar in urine, healthy except for menstrual headaches, no pelvic disease, regular; gestation normal except that the stomach rebels against everything except the very bitterest drugs known—and they taste sweet to the patient. Severe cramps in stomach, nearly goes into spasms, very nervous, controlled only by morphine and atropine hypo. This has gone on for three months. Emaciating rapidly. Have tried everything but emptying uterus, and this I dread as she is a bleeder. If she cuts her finger she bleeds profusely; has epistaxis. Everything smells like carrion to her.

F. L. F., Illinois.

First see whether the solid excretion in the urine is up to normal; second, whether this woman's bowels are clear or are loaded; third, there may be fissures of the uterine cervix, which can be cured by painting with compound tincture of benzoin. In the fourth place, if this woman is a bleeder as you say, you had better commence at once to give her calcium chloride, 20 grains a day, up to the time when gestation is complete. I cannot advise anything definitely, because I am not sure which condition is present. Begin with the kidneys, collect the urine for 24 hours and you can

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Emaciation: Pepsin for digestion, quassin for appetite, lime to build up strong tissues, and eat all the time.

Emaciation: As the free use of water favors fatness, its sparing use tends to cause thinness. So with all liquids.

easily calculate the amount of solid matter from it.—Ed.

✽

QUERY 3938:—"Neurasthenia." My wife, 65, is confined to room with nervous prostration for six months; make suggestions.

T. J. M., Georgia.

Clear her bowels with some non-irritant laxative, a saline best, each morning; if the stools are fetid give enough sulphocarbolate or similar antiseptic to deodorize them; reinforce her leucocytes by Nuclein solution, m. xxx a day; and give a generous diet, carefully regulated to her needs and digestive capacity. Give a teaspoonful of Fellows' Hypophosphites before meals; or if she is thin and of phthisical tendency give a tablespoonful of Hagee's wine of cod-liver oil after meals.—Ed.

✽

QUERY 3939:—"Alcohol Habit." Is any product manufactured, that can be secretly given a young man, who is rapidly acquiring a taste for intoxicating liquors? In fact, he is rapidly approaching a chronic state of inebriation.

Am using the little pellets with much success.

I. J. M., Ohio.

In American Alkalometry you will find a paper by Dr. Wherrell on the treatment of alcoholism which you should read. Possibly the Oppenheimer Institute may be able to suggest something good.

The best thing to give this youngster is lobelin. Let the patient's family put twenty granules, gr. 1-12 each, in his liquor; raising the dose until definite effects are secured. It will be successful

☹ ☹ ☹ ☹ ☹ ☹

Emaciation: Fat persons should use few meals; thin ones many; and carry candy and nuts in the pocket for munching.

if he associates the effect of the lobelin with the liquor. Let us hear the results.—Ed.

✽

QUERY 3940:—"Alopecia." Child five years old. Fine head of hair when an infant. Was affected with some scalp disease which caused hair to fall out. There are still a few scabs and pustules on scalp. An intolerably itching scalp, as glistening as a peeled onion. General health good. Began to treat the boy to-day for eczema of scalp. Give receipt for application to start growth of hair if such a thing is possible.

A. L. S., Nebraska.

Dr. Abbott has used Coke's Dandruff Cure with benefit.

Apply the following mixture: Naphthalin 30 grains, cologne water eight ounces. If this is too strong add more cologne. Rub a little in the scalp every day. Internally give the child enough pilocarpine once a day to cause slight sweating. Let us know the results. Do not be in too big a hurry to change the treatment. It takes some weeks before the new hair can possibly appear.—Ed.

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QUERY 3941:—"Anemia." Lady, 52, intense anemia, much improved by Sanguiferrin; terrible attacks of neuralgia, pain intense, starting at both heels and rapidly spreading over entire body; attacks last two to three days and nights, causing her to scream most of the time unless under morphine; improved wonderfully under alkaloidal remedies, till eight days ago when she had an attack resembling rheumatism. Nine months ago, during her second attack, which was neuralgic, the left breast swelled to double the normal size; very tender and painful, bluish, felt like an abscess forming; came in one day. Swelling remained till two months ago, when treatment was begun, tonics, eliminants. The

Dyspnea: For the effect of hydrocyanic acid give zinc cyanide gr. 1-67 every ten to thirty minutes till effect.

uterus was prolapsed, retroflexed, enlarged and sensitive, cervix indurated, resembled cancer. Treated by iodine and ichthyol, misplacement corrected, cure almost complete; breast tumor reduced to one-third former size, all soreness gone. The mammary gland is hardened, involving two-thirds, nipple retracted, skin normal in color and consistence, no pain in breast except when these attacks come; has a spell about once a month. No axillary glands are involved, but one just under the external edge of the sterno-cleido-mastoid is size of almond.

M. C. H., Nebraska.

The anemic lady's neuralgias are uric acid storms. Give her a morning dose of Saline Laxative or Salithia, and every hour during the day one granule of iron phosphate, one of sanguinarine and one of brucine, together, in four ounces of water. Keep up your Sanguiferrin. In case she does not promptly improve you might have the feces examined. The affection of the breasts seems to have been due to sympathy with the diseased uterus. If the latter is in perfect order and position I believe the breasts will improve. Endometritis should be cured by Euarol. Every particle of cancerous tissue should be curetted away and the raw surface painted with Fowler's solution. I would advise massage of the swollen breasts with camphor liniment, and the internal use of phytolaccin pushed up to full toleration. If it is truly a cancer, Doctor, and it looks like it from the latter part of your description, inject con-durangin into it, a hypodermic tablet every day. For the pain begin with cicutine hydrobromate and use nothing else as long as this gives relief.—Ed.

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QUERY 3942:—"Anemia." Mother, 35, child nine years old, avoided preg-

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Dyspnea: For cardiac cases give macrotin gr. 1-6 to j every fifteen minutes till relief or nausea is manifest.

nancy since, had hard time; menses every 21 days, scanty, very amorous. Bloodless, upper bowel sluggish, diarrhea, passing undigested food, pains from kidneys to groin, and "toothache" all over body, starting from bowel. Tightness and numbness of tongue, face and scalp, the latter so tightly drawn as to ache. Gait unsteady, difficult to walk in dark or with eyes closed, sight failing eight months, now very bad. Has very large goiter. Stomach catarrhal, on slight exertion nose and ears stop up.

G. L. P., Indian Territory.

This woman is suffering from auto-toxemia. Regulate her bowels with a morning dose of Saline Laxative in cold water, start up digestion by giving juglandin three granules, diastase three granules, and berberine grain 1-6, two granules, with copper arsenite grain 1-250, just before each meal. Regulate her diet very carefully indeed. Give her iron phosphate, grain 1-6, a granule every half-hour during the day, so that there will not be a minute of the day when she is not absorbing a little iron into her blood. You had better have her feces examined for the eggs of the hook-worm, which is possible in all such cases. I believe that anemia and auto-toxemia explain all her symptoms, but Doctor, that lady should have had a baby at least every three years to keep her in health. I have had some reports indicating peculiar efficacy in Gude's Pepto-Mangan in such cases.—Ed.

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QUERY 3943:—"Arteriosclerosis." Tell me about arteriosclerosis, and how we die after fifty. Sometimes this is the only cause of the disorders incident to old age. I would like to write a few lines on this topic were I master of English, but I am a Frenchman.

A. A., Minnesota.

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Dyspnea: Cardiac cases are relieved by all the heart tonics but every case will do better on one than on the others.

All the CLINIC staff read French, and between us we manage nearly all civilized tongues, and some whose claim to that designation may be questioned.

You will probably find what you want to know about arteriosclerosis under the name of atheroma, the older title of the disease. One of the principal causes is undoubtedly uric acid, and another is alcohol; so that abstinence from the latter and moderation in the use of nitrogenous foods constitutes the best treatment, preventive and even curative; adding to this the use of arsenic iodide, a granule grain 1-67 four times a day, continued for many months in order to stimulate powerfully the nutrition of the vessels and the action of the absorbents. Under this treatment I have seen untold benefit, and the course of the affection delayed for years. I have confidence in it. Thialion should prove of value in this condition, as it does in other manifestations of uricacidemia.—Ed.

QUERY 3944:—"Ascites." If many of your readers bothered you as much as I do, you would have no time to eat or to sleep. But I cannot help asking you questions. Your CLINIC is a gem; and any doctor who reads it carefully, uses good common sense, Saline Laxative and alkaloids, is bound to succeed in his practice.

Man, 50, great whisky and alcohol drinker, pulse slow, no murmur; urine scanty, high colored and of late loaded with albumin; can bear enormous doses of medicine. If a change does not come quickly he will not be here long, I fear. A combination of diuretics has no effect on him. What is the best diet?

A. P., South Dakota.

Now, Doctor, don't say another word about bothering us. Great Scott! We

all have to have our bothers, and if Fate lets us off with no worse ones than a friendly chat with a brother chip over his cases, we have emphatically no kick coming. Sometimes it is necessary to make a quick impression on the dropsy, and there is where Anasarcin comes in. There is no question as to its efficiency.

For a man with dropsy from alcohol we would advise bryonin, giving a granule every four hours and increasing the dose to full effect. This is better than apocynin, although you may have to add apocynin also on account of the heart. Suppose you give a granule of each every two hours, gradually increasing to four granules each if necessary. Dry diet always, for dropsy; pickled meats.—Ed.

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QUERY 3945:—"Autotoxemia." A young married woman (one child 18 months old) was excessively nauseated and vomited throughout the period of her pregnancy. After her child was born vomiting continued and she was seldom able to retain a meal. She became much emaciated and very anemic. After treating with several physicians and steadily growing worse, she came to my office for treatment. I found a lacerated cervix and torn perineum, feeble heart and sluggish bowels, with marked constipation and very low vitality. I operated on the cervix and perineum with success; gave her local treatment of pelvic organs, lavage of stomach, ozone and static electricity, with tonics of iron, strychnine, Intestinal Antiseptic (W-A), calomel, etc.

She improved rapidly and I believed she was going to get well, when she concluded to go to California. That was eight months ago. She went to California and grew steadily worse and all the symptoms were aggravated. Yesterday she came back to me for examina-

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Dyspnea: In renal cases from cirrhosis be exceedingly careful as to drugs; its easier to get a drug in than out again.

Dyspnea: In contracted kidney the safest remedies are glonoin and veratrine—the latter carries itself out.



tion. Extreme emaciation. Color bluish white; mucous membrane of mouth, throat and vagina very pale. Vulva as pale as death. Legs from knees to ankles swollen and oedematous. Heart-beat feeble, regular and 72 per minute. Lungs alright, good chest expansion. Right kidney movable and about four inches below its normal position. Tactile sense all over body normal. Reflexes of patella, wrist and elbows all abolished, coccyx curved forward and extremely painful, feces large hard lumps, no appetite, coated tongue, dyspnea, pain in region of second cervical vertebra, extremities cold, sexual desire entirely absent. There is pain in right hypochondriac region. Urine 12 oz. per 24 hours.

J. D. W., Colorado.

Autotoxemia is the diagnosis we shall make of the case, together with a probable catarrhal condition of the gastric mucosa. Bovine or Sanguiferrin one-half ounce, t. i. d., and Triple Arsenates with Nuclein after meals, two granules of quassin and one of strychnine arsenate gr. 1-67 given before eating, together with eliminative doses of calomel and podophyllin every third night, followed by Saline Laxative in hot water the next morning, should cure the case. It might be necessary however, after two or three weeks to give hydrastin (concentration) 1-6 grain every three hours. Apply Sanguiferrin on absorbent cotton tampons to the vagina, renewed every 12 hours.

We have great pleasure in giving you our opinion of the matter, and if we can serve you further do not hesitate to command us. We are quite sure that if you will persevere with the remedies named you will have results. You might do well by limiting the food for a week to Malted Milk and Diastoid,

given every two hours, in moderate doses, giving the digestion a rest and yet keeping up nutrition to the highest point. Few physicians fully comprehend the value of this principle.—Ed.

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QUERY 3946:—"Autotoxemia?" I really do not know what to call this case to tell the truth, but I meet everything that comes with the little pills, and the patient is improving. Fever for 24 hours at 101.6 to 102.4, and nothing would lower it; free perspiration all the time; "Antimalarias" passed through him undissolved. I think it is a bilious remittent with capillary bronchitis. Has been now 18 days ill. I sincerely hope the CLINIC will continue its good work, for we could not practise without it.

L. F., California.

I feel assured that you have not neglected thorough cleansing and disinfection of the alimentary canal, and that we may dismiss autoinfection from our diagnosis. If malarial, there will probably be some favorable reaction to quinine; the pigment may be recognized in the urine or the blood, or the plasmodia. The next most probable condition is toxemia from bad hygienic conditions. Then comes a pulmonary infection by the tubercle bacillus. But you are doing just right, treating him on general principles, which mean so much more with the Alkalometrist than under the old rule. And until some more definite indications are presented this is the best you can do. Sometimes a few doses of an efficient cholagog like Frelich's Liver Medicine clears up these cases in a gratifying manner.—Ed.

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QUERY 3947:—"Backache." Girl, 19, has backache, rheumatic pains in limbs,

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Hiccough: Use white hellebore, veratrum album, as a snuff; when sneezing begins the hiccough stops.—A. T. Boits, M. D., Illinois.

Rhus Poison: Apply pure carbolic acid for one minute and then wash off with pure alcohol. It's fine.—Dr. A. H. Cowen, Arizona.

ache in sacral region, no worse during menses, better if without corsets, passes clots at monthlies with slight sharp pains; weight dropped from 130 to 112; wish to avoid examination if possible.

H. G., Minnesota.

Aching over the sacrum is likely to be from the rectum—piles, fissure, polypos, tight sphincter. An examination here will give much information as to the pelvic organs without interfering with the hymen. Give it under anesthesia, with witnesses present.

There may also be lack of elimination, uric acid and perhaps some slight involvement of the kidney structure. It is just these cases that run along into salpingitis and ovaritis later, when a few minutes spent on the table would enable us to get a cure in the early stages. Calomel and podophyllin for this case, 1-6 of a grain of each drug one-half hourly from 7 p. m. to 9, followed the next morning by Saline Laxative; or Salithia, one dram to one-half pint of hot water between meals; barosmin  $\frac{1}{3}$  of a grain, lithium benzoate one grain with a few swallows of water; and at eight, twelve, six and ten p. m. one granule of colchicine. After three weeks let us know how the girl is and we will advise you further. Milk diet, fruit juices, broths, plenty of fresh air and free bathing, will be the adjuvant treatment. If serious objection is made to even a rectal examination give the girl a box of Anusol suppositories and note the benefit. This will convince her that the rectum is the source of trouble and make her more willing to have it examined.—Ed.

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QUERY 3948:—"Big-Dosers." For our mutual benefit allow me to trouble

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Do not publish anything against political doctors—they are most versatile.—W. B Mead, M. D., Okla.—*Vide* Virchow.

you again—for those people who desire "bulk" for their money, and are unwilling to pay proper price for a bottle of Nuclein Solution, are many. Could it be prescribed and keep well in water? If not, what could be used to make a pint solution out of an ounce of Nuclein Solution? C. W. H., North Carolina.

In many cases these people really need some of the more bulky preparations as well as the alkaloids; and we have often given the latter in a tablespoonful of Bovinine, Hagee's Cordial, or Wampole's cod-liver oil mixture, meeting all indications and with a single dose. At other times we have utilized Aletris Cordial in this manner with great benefit. For the people who desire "bulk" medicines and there are many of them, dissolve the granules or tablets in water in any desired proportion, sweeten and flavor to taste, and color with carmine granules, or whatever you please. Dispense with directions. They will all work this way very nicely. Some will settle a bit, and it is always well to add to the effect with these superstitious people, by ordering the medicine: "Shake well before taking." Nuclein Solution may be used in the same way, 2 to 5 drops to a teaspoonful, or tablespoonful, or any other proportion that you desire to use; but as the resultant would taste like water, we would advise granules of strychnine or quassin to give it a medicine taste. A solution of this kind would keep a reasonable length of time—until water itself would spoil. I would advise the fixing of each prescription fresh, and not to make up a stock bottle for the office, for when made up to fit one case the very next one might require something different.—Ed.

Dyspepsia: Dry catarrh of the stomach is relieved by small doses of emetin or of lobelin, long continued.

QUERY 3949:—"Birth-marks." Wife, fat and forty, has one of those disfiguring bluish birth-marks which she thinks she wishes removed. It is simply blue discoloration of the skin, not vascular. Has the Dermal Caustic been used in any number of such cases, and with what success?

W. H. B., Illinois.

I do not know that the Dermal Caustic has been used in this condition. If this is a port-wine mark I would feel like applying a solution of chromic acid, gradually increasing the strength to full toleration. I would not use the Caustic unless there are tissues you wish to destroy, which does not seem to be the case from your description.

Write to the McIntosh Co. for information as to the uses of galvanism in these cases, either directly or by cataphoresis of astringents like chromic acid, or formalin.—Ed.

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QUERY 3950:—"Bronchitis." Boy, 6 years old, weighs 40 pounds, had pneumonia at 6 months, cough ever since, much yellow sputa, both ears run since the pneumonia also, syringing ears passes liquid through to mouth, chest tubercular in appearance, hollow, scapulae very prominent; good family history.

F. V. B., Oklahoma.

The examination shows this to be a chronic catarrhal affection not yet tubercular. It is of the utmost importance that this should be cured as soon as possible. Here is the treatment: Keep the child's bowels clear and clean, carefully regulate his diet, and have him rubbed with cod-liver oil from head to foot every day. Do this at night, using the oil as hot as can be borne, then in the morning let him take a bath and

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Dyspepsia: It is useless to treat a dilated stomach unless you so manage diet as to prevent distention by food or drink.

wash off the surplus. Never mind the dirt. Boys and dirt are inseparable; anyhow I really think it would kill one to be absolutely clean. Give him calcium sulphide one grain, and arsenic sulphide one granule grain 1-67, before each meal and on going to bed, lessening the dose when saturation occurs. You might with advantage give him one of Sharp & Dohme's Pan-peptic tablets after each meal, to insure digestion. Wash out his nose and ears, and especially the latter, through to the throat with Listerine, as strong as he can bear, then inject into each ear five drops of Euarol. Do this every day once, and I shall be surprised if you do not find him improved from the start.—Ed.

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QUERY 3951:—"Bulbar Palsy?" Wife, 50, menopause since last January, in June first noticed some difficulty in swallowing solid food; had to live entirely on fluids; can only swallow these by the teaspoonful, very slowly; no pain with deglutition, constipated, sleeps well, difficulty increases; complains of a knot in her throat.

A. G. G., Arkansas.

It looks as if this lady might be developing bulbar palsy. You had better look that subject up, and see if the symptoms correspond. I am taking it for granted that you have examined the throat and found no local disease to account for the trouble. I will be glad to hear from you again. This would be a good chance to put that x-ray apparatus in, that you have been thinking of. Write to the Wagner folks about their mica plates.—Ed.

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QUERY 3952:—"Cacodylates." In April, 1901, page 294, was an article on

Dyspepsia: While any bitter relieves anorexia we have a preference for hydrastin, the combined alkaloids of golden seal.

the cacodylates. Would not an article on the same subject brought up to date be of value?

W. H. B., Illinois.

The later reports about cacodylates have not borne out the early ones. We have not found that they possess any advantage over the older arsenic preparations when the latter are used intelligently. Many physicians prefer the natural combinations of arsenic, such as are found in the waters of Levico.—Ed.

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QUERY 3953:—"Cancer." How would you apply conduragin to the neck of the uterus, for cauliflower excrescences resembling cancer?

B. F. G., Pennsylvania.

Curette away every accessible particle of the cancer, and then inject the conduragin hypodermically, one tablet a day, into the tissue at the base. You can use the granules hypodermically, but the tablets are of course preferable as being more easily dissolved.—Ed.

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QUERY 3954:—"Cataract." Is there any relief from cataract other than the removal of the lens by operation?

D. H. T., Texas.

I have known cataract in the young disappear under massage, with cineraria, or simply a placebo-solution of boric acid. But I am sure that the malady may be delayed by proper internal treatment. Try thiosinamin, three to ten grains a day for six months.

Dr. Walling reports good success from the use of electrical massage in cataract. His article is reproduced in one of the volumes of American Alkalometry.—Ed.

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Dyspepsia: While hemorrhoids are quiet, tone up the dilated tissues by hydrastin gr. 1-6 seven times a day for months.

QUERY 3955:—"Catarrh." I have known you through your estimable journal, THE ALKALOIDAL CLINIC, for several years. I have read the journal for years and found it very interesting.

Do you know any good remedy for catarrh? I have suffered for years from it, and although I have "doctored" with many physicians I have never found relief. The catarrh is affecting my sight and hearing.

C. E. H., Oregon.

I will refer you to the first volume of American Alkalometry, in which the subject of nasal catarrh was treated with a completeness that renders further discussion of this topic unnecessary. If any reading will render a man master of this troublesome department, Dr. Bacon's articles will do it. And it would be wise to send for literature on the Eureka Nebulizer, and see what inestimable advantages are obtained from this apparatus.—Ed.

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QUERY 3956:—"Cholera Infantum." In cases of cholera infantum with what is commonly termed brain complication, usually fatal, please state what is your idea of the treatment of that feature of the case.

G. W., Indiana.

The so-called cerebral symptoms of cholera infantum are typical of sapremia, being due to the absorption of toxins from the alimentary canal. Flush the stomach and colon with saline solution, containing one grain of zinc sulphocarbolate to the ounce. Give the child juglandin, grain 1-67, to restore the mucous secretions; and zinc sulphocarbolate, grain 1-6 to two, to disinfect the alimentary canal. These should be given together every half-hour until the dangerous symptoms subside. Very free

Dyspepsia: The chronic case, stomach worn out, will often respond to hydrastin when every other remedy fails.

emesis or catharsis may require also the hypodermic use of atropine in sufficient doses to control the symptom. If you must give it milk, stop the dangerous compound sent out from the shops and give Highland condensed milk alone, or Malted Milk, either of which will be found a vast improvement.—Ed.

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QUERY 3957:—"Chorea." Boy, 13, well nourished, has for two years been making grimaces, facial contortions, apparently unconsciously; twisting his features in many odd ways. Ridicule and punishment alike fail to stop him. The epigastrium is prominent, tender, tympanites, has enuresis, did have night terrors; has been circumcised; cross and irritable during last of school term; drinks much.

H. N. J., Missouri.

Take the boy to the best oculist within reach and have his eyes fitted properly with glasses, and see that he wears them. Give him the Worm Remover granules to effect, and cure the urethral hyperesthesia by the use of Euarol. Keep his bowels regular, arrange his diet properly, excluding the nerve-stimulating caffeine drinks, and closely limit the meat supply. Lessen the neurotic hypersensitiveness by the use of cicutine hydromate and macrotin, dosed up to effect. Use cold baths with rubbing, or hot salt baths or rubs, to strengthen him. We would expect great benefit to result from the use of a good tincture of Passiflora, like Daniel's, in this malady.—Ed.

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QUERY 3958:—"Chorea?" Girl, 8, has chorea; been diagnosed as epilepsy;

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Dyspepsia: Give hydrastin just under the irritating dose and continue it for months; a very slow and sure remedy.

treated by bromides in large doses; has never walked nor talked, though not idiotic.

E. W. S., Indian Territory.

The history points rather to infantile palsy, acute anterior poliomyelitis, than to congenital chorea. Have the child rubbed daily from head to foot with hot cod-liver oil, with thorough massage, and electricity galvanic and faradic. A little Celerina judiciously administered would meet the indications nicely.—Ed.

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QUERIES 3959-60-61:—"Chorea." You are so kind in helping the poor country doctor who has not had the opportunities he should have had, that I feel sometimes that I am imposing on you.

Boy, 12, has fearful nasal catarrh; lately rolls eyes, jerks head, then arms, legs and shoulders, is quite nervous, eyes roll from side to side, tries to avoid it but can't. Health good, often makes strange noises in throat, sort of grunt.

Lady, 45, has renal calculi, painful while stone passes.

What book shall I get to give me more information concerning the alkalis? Shall I do not go far enough. From what knowledge I have I am simply delighted.

R. D. B., Oregon.

Now, Doctor, we are in business to help our friends, and whenever you want advice just call on us and you are heartily welcome. As to the boy, you will have to cure his catarrh first, which you can do by the use of Euarol with the oil atomizer. This may be the only cause of chorea, but his eyes may be also defective. I cured my own boy of this disease by having his eyes fitted with glasses.

For renal calculi use this treatment: A morning dose of Salithia enough to

Dyspepsia: Unless the diet is properly arranged and lived up to, there isn't any good in any of these notes.



act once on the bowels, and an abundance of water through the day, with lithia tablets dissolved in it. She should take three tablets a day, each with a pint of water. For the paroxysms give a granule each of strychnine arsenate, hyoscyamine and glonoin, in one ounce of hot water. Repeat every five minutes until the face flushes or the mouth dries. If this should not completely relieve, let her inhale a few drops of chloroform.

One of my friends similarly affected swears by Maizo-Lithium as the only remedy in the world.

Doctor, I am going to take the liberty of sending you American Alkalometry, Volume I. I am afraid these books are not properly appreciated by the profession, but they are simply mines of information, most of which consists of reports from those who have tried the alkaloidal methods and given their experiences. There is nothing stale or obsolete about these books. Taken together they are a library of clinical medicine, written by doctors in all parts of the country, concerning the diseases they meet. I turn to them myself before I do to any other book, excepting the Treatment of the Sick, whenever I am in doubt; and I never fail to find the information I need.—Ed.

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QUERY 3962:—"Constipation." Man, 51, miller, has taken the Anticonstipation granules for years; otherwise well though very slender, sphincter seems normal, tried faithfully to cut down the granules but could get no lower than nine a day; no piles.

M. R. S., Indiana.

Doctor, it seems to me an impossibility that such a thing could be, if the patient practised strict regularity in go-

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Dyspepsia: A properly-arranged diet allows your remedies to cure, but does not in itself make the cure complete.

ing to stool daily at the same hour. I have had no exception that the habit thus formed enabled the patient to do without any medication long before two years had elapsed. I feel sure you will find that this part of your instructions has been neglected. Write to some good firm of dealers in electric apparatus, like the Western Surgical Instrument House, 647-653 West 59th St., Chicago, and see if they can supply you with Johnson's apparatus for using faradism in the rectum.—Ed.

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QUERY 3963:—"Cramps." Mother, 52, passed change two years ago, has had cramps in stomach at times for 20 years; stopped two years once; at first improved under usual treatment for indigestion but now only relieved by morphine hypos. Constipated, fair appetite, well nourished, pains at first only in stomach but now go through to scapulæ; now twice a week.

W. A. L., Oklahoma.

If this case is one of gall-stones there will be some jaundice following an attack, or at least a trace of bile in the urine. If so, the usual treatment for this malady recommended in the CLINIC should cure her. But first see if constipation will account for the malady. Clear the bowels with a saline laxative, or the cascara pills made by Robins of Richmond, Va., which do well in these cases. Then regulate the diet and give a good digestant like Maltine with Pepsin and Pancreatin.—Ed.

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QUERY 3964:—"Curetting." Do you always administer chloroform before you curette the womb?

J. A. B., Arkansas.

Dyspepsia: Cases simulating cancer improve notably on potassium bichromate gr. 1-67 every hour, if well borne.

Great is the power of Hayden's Viburnum in controlling such morbid processes. Since using it and applying Euarol to the endometrium we never curette a womb.—Ed.

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QUERY 3965:—"Cystitis." A specific urethritis treated the old way, followed by posterior urethritis and then cystitis; has used Euarol and taken strychnine arsenate for two weeks, no improvement.

W. J. S., Kentucky.

This is distinctly a case for the administration of Sanmetto, carefully pushed up to full tolerance.

Wash out the bladder with boric acid solution, then throw in the Euarol as far as the long nozzle will take it. Internally give the patient one grain of calcium sulphide and 1-6 grain of arbutin seven times a day.—Ed.

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QUERY 3966:—"Deafness." Man, 40, epilepsy and cancer in family, some months ago began to have vertigo; so dizzy he would have to sit down for a while, when he could rise and go. The attacks grew more frequent, and two months ago while in the field he had a very severe attack, rendering him unconscious and he had to be carried home. The attacks recur every two or three days, sometimes with slight nausea. He has constant roaring in the left ear, with partial deafness in that ear; fullness in that side of the head, as if it were too full of blood, causing sense of pressure. Occasionally there is pain in the head, especially preceding an attack. Never entirely free from vertigo but most of the time can walk about home and come three miles to my office. Repeated examinations of the ear reveal nothing abnormal, but every attack is associated with and in fact starts from the ear. A

Dyspepsia: For pasty tongue, uneasiness, gastralgia, flatulence, nausea, greasy taste, give anemonin gr. 1-134 hourly.

few times he has had slight pain in that ear. No appetite, health run down, much discouraged and despondent. Is it Meniere's disease? I have cleansed him out and aseptized him, freely purged, gave tonics, bromides, iodides, etc.

T. H. L., Georgia.

The deafness in this case is insufficient for Meniere's disease. Inflation of the middle ear with the Eustachian catheter, or by Politzer's method, should be tried. If no relief is obtained from this, look for reflexes, as these symptoms may come from the stomach. If nothing is discovered there, the trouble is probably intracranial, and the location is along the course of the auditory nerve. Areas of anesthesia should be sought on the skin. It would be desirable to have the patient examined thoroughly by a neurologist. HUGH BLAKE WILLIAMS, M. D., 103 State St., Chicago.

All we dare add to the above is the advice to secure Prof. Bishop's work on Diseases of the Ear, and master this very interesting specialty.—Ed.

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QUERY 3967:—"Debility." I have a case of general debility and nervous prostration, lasting 18 months; woman, 47; have used Nuclein, etc.

L. W. H., Ohio.

Begin with the digestive system; flush with Saline Laxative, make and keep the alimentary canal aseptic, and then give the Nuclein with other tonics, as the function of this agent is largely to make the others take better hold. I used to prescribe Colden's Tonic with good effect in these cases. It is a mild iron tonic, exceptionally agreeable and assimilable.—Ed.

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QUERY 3968:—"Debility." Maiden, 47, in low spirits, no constitution left,

Dyspepsia: Quinine for aged, atonic, melancholy, sedentary, town-dwellers; gr. j to v before meals.

very nervous, goes all to pieces if in a crowd, digestion poor, bowels sluggish; voice husky at times when she hawks up yellowish thick mucus, sweetish, collecting when lying down; very thin, worry prevents sleep, has been thus for years.

F. W. S., Ohio.

Get a Eureka Nebulizer and go for her chronic bronchitis in good style. She cannot possibly be benefited by that stuff draining down into her mouth and stomach all the time. Regulate this patient's bowels with a Eclectic Hepatic tablet at bed-time, and a moderate dose of Saline Laxative in the morning. Tone her up by the use of quassin two granules, with diastase two granules, before each meal; soothe her irritable nerves by cicutine hydrobromate three or more granules a day, and regulate her diet very carefully indeed, avoiding excess of meat, and I think you will cure her. To secure restful sleep and prevent a hypnotic habit, give thirty drops of Daniel's Passiflora in a full glass of hot water at bedtime.—Ed.

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QUERY 3969:—"Diabetes Insipidus." I send urine for examination. Child, 18 months old, passes an immense quantity of urine but the exact measure cannot be taken.

D. M., Oklahoma.

The examination shows this to be a case of polyuria, or diabetes insipidus. Treatment: Pilocarpine cautiously pushed to the production of sweating; arbutin 1-67 every two hours; limitation of the amount of liquid. If you have the "Treatment of the Sick" you will find the treatment detailed there more extensively than I can give you in a letter.—Ed.

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Dyspepsia: Quinine has been recommended for cases with fermentation and is good, but there are better remedies.

QUERY 3970:—"Diabetes Mellitus." Man, 35, diabetic some years, no symptoms except sore toe and glycosuria; eats well, works hard, feels good. Has been treated with codeine, arsenic, lithium, strontium lactate, berberine, and intestinal antiseptics. For a week he has taken the Diabetes Mellitus granules and Taka-diastase. How long should he continue them? Is the diastase a good adjuvant?

O. W. H., Illinois.

Give the granules for a month; then if little better add Eulexine, and continue another month; if decidedly better keep on as long as improvement continues, and then add Eulexine. Diastoid is a good adjuvant and may be given indefinitely, as it acts on the food and is not a drug, so to say.—Ed.

✽

QUERY 3971:—"Diabetes Mellitus." I want to know something of the Abbott granule with the above name.

C. F. W., Ohio.

This granule was called for by a number of French physicians, who had been using the imported granules of the same composition. We did not see why it should benefit diabetes especially, nor do we see it yet, but The Abbott Alkaloidal Company placed the granule upon its list in response to this demand. We made no recommendations beyond the simple statement, that the reports indicated that it was worth trying, but the results of trial have created a large demand for this granule, so that it must be doing the work for which it was devised. Now, Doctor, there are the facts of the matter. It is up to you. About the same things may be said of Eulexine, and of Arsenauro—they must be doing good from the increasing demand for them.—Ed.

Dyspepsia: Pyrosis is quickly relieved by soda with manganese binoxide gr. v each every five minutes till all right.

QUERY 3972:—"Diabetes Mellitus." A footnote on page 876 mentions lithium salicylate as a remedy for diabetes. Can you refer me to any literature on this matter? Do you know anything of the use of dry hot air in diabetes? My mother holds her own during two years' use of Arsenauro, but there is always sugar.

The CLINIC has been of the utmost value and interest to me; and at last there is science in therapeutics.

B. W., Pennsylvania.

No, I do not know that I can lay my hands on the original literature concerning lithium salicylate for diabetes. It was a note made in preparing my Manual of Treatment which was compiled from over six hundred medical works, but a bibliographic list would have more than doubled the size of the volume. Write to Dr. Sterrett about the therapeutics of dry hot air. Personally I cannot tell you anything about its use in diabetes. All that we can say about Arsenauro is that it seems to cure some cases of diabetes, benefit others and fail in others. Personally I have gotten fine results from lactate of strontium; in other cases from Eulexine. Some reports come to us of success with berberine and a good many of success with the diabetes mellitus granule, No. 431. This was introduced in response to a demand from French physicians. I do not see why it should be of special value, but our reports indicate that it is. I recently met a case in which, after strontium lactate had ceased to be of benefit Arsenauro took hold and held the malady in check for a prolonged period.—Ed.

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QUERY 3973:—"Diarrhea." Baby C., from maternal causes unable to nurse

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Dyspepsia: For waterbrash give silver oxide gr. 1-12 every hour while awake; changing to zinc oxide after two weeks.

from birth and now about four months old.

Unable to digest milk raw in any dilution from birth; did well for a time on milk one part, water two parts, combined with Peptogenic Powder (Fairchild), digestion being carried to the point short of developing the peptone taste. After a time constipation developed, and milk reduced with addition of digestives after meals.

When constipation was relieved, infection of bowels was shown, and milk diet withdrawn entirely. Fed on albumen water, barley water and a few drops of Mosquera Beef Jelly. Cramps and fermentation in bowels galore. Tried oatmeal water, ricewater and crust coffee, with no better results. Is doing better now to some degree on solution of Mellin's food with Bovinine.

Medicinal measures used: Calomel with Saline Laxative, zinc and sodium sulphocarbates (W-A), zinc salt in ½ gr. doses and sodium salt in 2 gr. doses, every two hours, combined with bismuth subnitrate and Resor-Bisnol 5 grains.

Passages still look like the Missouri river, with a sickening smell. There has not at any time been any temperature that rose over 100°, but the baby is steadily wasting away; and as this condition has lasted for about two months, I am getting somewhat concerned.

I might add that all utensils are sterilized before using, and sterilized water used for drinking and in preparing food.

Baby now has about four or five passages daily, although by the use of salines the passages have been increased to ten or twelve, in order to clean out the alimentary passages. On a few occasions a little mucus has been shown in passages when an unusually severe time with cramps was experienced.

Tuberculosis of bowel has been suspected, but there has been normal temperature right through, except on the few occasions when there was an adequate cause for it (cramps in bowels). There is no tenderness over the abdomen and no swelling except when there is fermentation, and this

Dyspepsia: Bismuth subnitrate gr. v every hour, relieves pyrosis or waterbrash, but does not cure as does silver.

passes off when there is a free passage of the bowels.

While there have been a few hot days and then baby suffered severely, the summer has been remarkably cool and just now in my office with the windows open the thermometer registers 65°.

I have lately given brucine for its tonic properties.

Have you any criticisms or suggestions to make?

Cod-liver oil (Lofoten) in any quantity upsets stomach, although it likes Welch's Grape Juice.

H. H. C., South Dakota.

By all means put that baby at once upon the Neutralizing Cordial, a teaspoonful every four hours, with a grain of the W-A Intestinal Antiseptic every hour. Heat your cod-liver oil as hot as the fingers can be borne in it and rub it into the child's body once a day. The grape juice is all right, but the white of egg in water, with Bovine and Malted Milk, would be my choice of a diet. Keep wool next to the child's body and if the hygienic conditions of the house are all right the child will recover.—Ed.

✽

QUERY 3974:—"Diphtheritic Paresis." I had malignant diphtheria in May, and now have much numbness in legs, feet and hands. Had 2,000 units Antitoxin the second day and 1,500 more in 48 hours.

P. S. W., Pennsylvania.

I would advise granules of avenine gr. 1-67 each. Take them in the following manner: Three granules before each meal and six at bedtime, the latter in a full glass of hot water, the others dry. You will probably not feel any effect at the end of a week unless it is sounder sleep and a certain rested feeling when you arise in the morning, but at the end

of two weeks you will feel doubtfully that possibly you are better, and each succeeding week this improvement will increase. I feel pretty sure, Doctor, as to the result. Keep your bowels clear and aseptic and it would do good if the numb parts were rubbed with towels dipped into hot brine and dried. Frelligh's Tonic comes to us as well suited to this case. Take it for a month and note results. Do not begin with more than five drops, gradually pushed up to toleration.—Ed.

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QUERY 3975:—"Dosage." Is Shaller's rule applicable to the use of copper arsenite gr. 1-250 for infants?

C. H., Minnesota.

The rule is applicable here; but there seems to be something peculiar about copper arsenite, and the effects seem to depend less on the relative size of the dose than on the selection of suitable cases.—Ed.

✽

QUERY 3976:—"Dysmenorrhea." I want you to send my daughter directions for the use of Buckley's Uterine Tonic.

R. N., Mississippi.

When used for painful menstruation it should be commenced two days before the expected period, and a tablet given every two hours until the mouth begins to feel dry, then another tablet taken as soon as this dryness has worn off. Some patients have flushing of the face first, but usually this comes after the dryness of the mouth, and it is not necessary to push the remedy to that extent.

While we teach alkalometry we are not unaware that there are others; and that Aletris Cordial, Celerina, Diovi-

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Dyspepsia: The oxalate of cerium, famous for vomitine of pregnancy, is effective against waterbrash; gr. j hourly.

Dyspepsia: Full doses of atropine inhibit acid secretion; very small doses aid in relieving constipation.



burnia, and Hayden's Viburnum, have each won laurels in this malady. It does no harm to have more than one remedy at your disposal.—Ed.

✽

QUERY 3977:—"Dyspnea of Nephritis." What can you tell me as to the use of aspidospermine in the dyspnea of chronic nephritis? How should the remedy be given? J. S. J., Louisiana.

For the dyspnea of chronic nephritis give the patient as much veratrine as the heart will bear; if the case is one of interstitial nephritis, but if the heart is weak and dropsy present, give apocynin to the same degree. We must not omit to speak of the powers of theocin as a diuretic in such cases.—Ed.

✽

QUERY 3978:—"Endometritis." I want to try Buckley's Uterine Tonic and possibly the Vaginal Antiseptic. Judge for me.

Case, 40 years, fine strong figure, no leucorrhea, menses getting a little irregular as to time, never any pain at period, duration always three or four days, fairly good clear flow; for two or three years increasing weakness and "drag," uterus well placed high up, and no evidence of any version—if any it must be extremely slight—uterus is large, always was, some little ulceration on cervix which has not yielded to warm injections, etc. Some endometritis. No ovarian pains whatever, some ache (she says rheumatism) in left buttock, deep in, "at the joint," she says; stiffness in back inducing stooping forward, some "rheumatism" in knee, and at present has had for a week a little sharper rheumatism (inflammatory) in one shoulder consequent on a draft striking her when in a sweat.

I have said for a long time the uterus is the seat of trouble.

If she lies down a few minutes on her back she can hardly get up; rather fre-

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Dyspepsia: The constipation must be relieved; small doses of aloin, gr. 1-12 to 1-4 three times a day suffice.

quent urination, difficult to retain urine at times; not constipated.

R. K. C., Pennsylvania.

Of the tonic let her take just enough to keep the mouth slightly dry, when she has pain. The Antiseptic use as needed. Berberine contracts connective tissue universally. I would advise six tablets a day, gr. 1-6 each, one at a time and believe it could be continued with benefit for three months. Give her Salithia, a sufficient dose on rising, taken in a full glass of cold water, which will materially aid in eliminating the rheumatic element in this case. Reed and Carnrick's Cordial Analeptine would seem from its formula specially indicated in this and similar cases. Try it and tell us.—Ed.

✽

QUERY 3979:—"Enuresis." A lady, 18, has incontinence of urine every time she laughs; not nocturnal. Lithium benzoate till urine is alkaline and Triple Arsenates have not aided.

M. C. H., Nebraska.

Give her cantharidin gr. 1-5000 every hour till slight irritation of the bladder is manifested.—Ed.

✽

QUERY 3980:—"Enuresis." Boy, 10, has resisted all treatment; well known as a case whose cure will give reputation. A. M., Pennsylvania.

Once a day inject into the urethra five drops of Euarol, as far back as possible without causing pain, till it gets back into the prostatic portion. Keep it up for a month, or until all urethral tenderness has subsided. See if there are seat or other worms, and cure; look for oxaluria and cure it; if necessary circumcise; if the anal sphincter needs dilating, dilate it; cure everything

Dyspepsia: Leontodin is used for the constipation, but it is an unknown remedy to the writer. Tell us about it.

you can find to treat—he will be the better for that anyway. But Euarol will cure the difficulty without difficulty. Give him a dose of Maizo-Lithium at bedtime to sedate the vesical irritability. —Ed.

✽

QUERY 3981:—"Epilepsy." I have a case of epileptiform convulsions which I attribute to intestinal parasites. Tell me what will clear out everything of the sort. While I frequently call upon you for suggestions I have never failed to act upon them, even to purchasing a Betz outfit. D. A., Indian Territory.

I do not notice that you say anything about being sorry you invested in the Betz outfit, and as you come back to us for more advice, I infer you have found that bit good.

While Dr. Abbott's Tapeworm Remedy was intended for that parasite I do not believe any other can possibly stay with it in the bowel. But better send the laboratory a sample of the stools and see just what we are dealing with. Thymol is the remedy for hookworms, while the little granule known as "worm remover" generally settles the lumbricoids and seat-worms.—Ed.

✽

QUERY 3982:—"Eruption." Boy, 7, attending school, taken suddenly ill with stomach; stiff, could not walk; at bedtime father noticed some large red spots breaking out on the arms and legs, some as large as his hands, changing to dark brown mixed with yellow, fading like a burn! others came while the first were fading; no fever, tongue coated, no pain nor itching. The hands and feet swelled up tight, and in a day it disappeared. The urine was normal. At the second week lumps appeared on his head, size of eggs, coming and going in

a short time, leaving no trace. But on leaving the head similar lumps appeared on the privates, which were swollen wonderfully, the penis black or brown, as if bruised. In the beginning of the third week he began to break out with papules all over the body, more on hands and feet; raised like a grater, full of yellow or straw-colored fluid. The boy does not seem heart-sick. Diagnosis is disputed. Treatment nothing but salts and arsenic. A. V. P., Pennsylvania.

This is an infection of some kind, but what kind I do not know. Could it possibly be rhus poisoning? It sometimes takes on remarkable manifestations. I will publish it and ask for suggestions; but in the meantime you cannot go wrong by keeping the bowels clear and aseptic, and giving the boy echinacea, five drops of the tincture every two hours.—Ed.

✽

QUERY 3983:—"Excipient." Please mention a cheap, palatable excipient to keep in a stock bottle in drugstore—in which to dissolve the alkaloids and glucosides. If the granules are dissolved in a bottle of liquid some people will pay more willingly for the large bulk. To others I prescribe the granules straight. We want something that is sure to leave no sediment.

C. W. H., North Carolina.

The Abbott Alkaloidal Company tablets of spices are very nice to dissolve in the water and they do not interfere with any of the alkaloids. Indeed, they serve to prevent the growth of bacteria in the solutions.

Dissolve the alkaloids in pure water, with a bit of saccharin to cover the taste and perhaps carmine for color. Hot water and Elixir is fine. Dissolve the granules first in the water and then add the elixir to taste.—Ed.

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Dyspepsia: Gold chloride, gr. 1-20 before meals stimulates the secretions of all the digestive apparatus.

Dyspepsia: Nausea is allayed by cocaine, bismuth or cerium oxalate, in small and very frequent doses.

## NEWS, NOTES AND NOTIONS

These items are mainly condensations from the current medical press. We give them as we get them, and in as few words as possible.

Nausea has been stopped by applying ice to the nape of the neck to cool off the cerebellum. Next!

Antiphlogistine has been applied with success to reduce the inflammation and sepsis resulting from a spider bite.

Many write to us for a good and not too expensive book on the newer forms of electricity and their applications. Such a book has just been issued, by Dr. Gottschalk, and may be had from Frank S. Betz.

Bertrand claims that arsenic is a physiologic element of vital existence, having detected it in animals from the bottom of the sea, and in the egg. The quantity in a whole egg is about 1-200 of a milligram.

Drinkers who want something that will scratch, take warning: Out of 215 samples of Jamaica ginger and spirit of ammonia purchased of New York druggists 40 proved to contain wood alcohol. —*Med. Times.*

An English sanatorium has arranged for an eight weeks' cruise at sea with alcoholics, who are supposed to be cured by the impossibility of obtaining alcohol during that period. May be; but we

will guess there will be a thirsty crowd aboard if that is the only treatment used.

After a prolonged spell of pasteurization and similar methods of destroying the vitality of milk, they are coming around to where we have stood all the time; that the milk must be reasonably pure at the start, and that everything done to alter it from the way nature prepares it is a disadvantage.

A "run-around." This is due to the death of the nail; but the whole nail may not be dead when it starts, and as the streptococci pass around the matrix they finish the damage done by the original injury. Stop them by opening up the little abscess cavity and cleaning it out antiseptically. Peroxide solution does well, and then rub in a little ointment of red precipitate; and the run-around stops right there.

The Health Board requests school-teachers to note the importance of cleanliness in the children—which is an unnecessary caution—and especially the danger of any "sore throat" occurring among their charges. And to this we say, amen; but as it is not possible for any but a doctor to distinguish between a harmless sore throat and beginning diphtheria, we strongly advise the reference of every such case to a competent physician.

A Kansas judge has just illustrated anew the expression "too much of a good thing," by fasting 37 days for dyspepsia, and then dying.

❖

Any disposition to criticise the Chicago Health Office should be discounted by the actual improvement in the mortality of the city during its rule, especially in the children under 5 years of age.

❖

Torel finds that the fumes of smokeless powder cause nausea, vertigo, dyspnea and unconsciousness, even death if prolonged. He attributes the symptoms in part to the carbonic oxide and more to the nitrogenous gases evolved.—*Jour. Military Surgeons*.

❖

Our heart was gladdened by the sight of a man we have known and loved for years, though we never before met him in the flesh—Dr. W. C. Cooper, of *The Gleaner*. Many times we have been on the point of starting for Cincinnati that we might meet him and Lloyd; and now we are going the first time we can steal the time.

❖

Celerina is said to be a good thing with which to let a man down from the misuse of alcoholic beverages. Tablespoonful every four hours is recommended, but it is better to give smaller doses closer together, as in this way the effect is sustained and the man never once allowed to get down below par so far that an ordinary dose will not lift him.

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Dyspepsia: The dangerous spasm of the bowel following eating lobster and milk is cured by taking papayotin.

We are glad to note that the cow is amenable to the reform influences arising from publicity. It was shown that the poor quality of Chicago milk was directly chargeable to this immoral beast; but since the Health Board directed attention to her delinquency she has reformed, and the last report at our hand shows only 3.05 per cent of milk below grade.

❖

Dr. Edwin Walker, of Evansville, Ind., tells of a case of Bilharzia Hematobia occurring in a married woman, presumably at that town. This is the parasite that gives rise to the intermittent hematuria of Egypt, and with one possible exception has not been described in this country. The affection is most common in boys given to river bathing. It can be detected by the ova in the feces and urine. This is another good reason for the examination of the feces we have been urging, since the discovery of the frequency of hookworms.

❖

It may be of interest to you to know that a change in the medical law of Michigan took effect September 16, 1903.

Previously a physician could obtain a license entitling him to practise medicine and surgery in that state, on the presentation of a recognized diploma and the payment of the required fee.

On and after September 16 an examination is required of all applicants.

Dr. B. D. Harrison, Sault Ste Marie, Michigan, is secretary of the Michigan State Board of Registration in Medicine.

Dyspepsia: Papayotin digests all kinds of food, with acid or alkali, and does not decompose like pepsins.

Clevenger reports immediate and permanent success in treating rhus poisoning by the application of ammonia; in the *Medical Brief*.

❖

Dr. O. H. Snider was found guilty of distributing free samples of cocaine to negroes at Atlanta, Ga., and fined \$100.—*Med. Times*.

❖

Bichloride solutions made with normal saline solution do not cause the slightest pain when applied to mucous membranes.—*Appleman. Amer. Med.*

❖

The present form of the CLINIC is ideal. I derive much benefit from it. It is the meatiest medical journal extant.

Boston, Mass. E. A. TRACY.

❖

Write the alphabet through five times a day with your left hand, and in one month you will be able to write as well with the left as with the right hand.—*Med Times*.

❖

A bill before the Alabama Legislature provides salaries for county health officers, reports of contagious and infectious diseases, and inspection of places where foods are sold. The bill is approved by the *Mobile Medical and Surgical Journal*.

❖

Surgeon Guthrie, in the *Military Surgeons' Journal*, makes a strong plea for common sense and hard work in dealing

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Dyspepsia: Pepsin and acid hydrochloric, for indigestion of albumen, and of no other variety of food.

with the problems of the Philippines, instead of "philippinitis" and "germania." Sounds reasonable. There are not such radical differences in the laws of health as applicable in the different zones.

❖

Secgrohic! Something entirely new! The greatest discovery of the age! A revolution in breakfast foods! All the wood that's fit to eat! Secgrohic is the sawdust of second-growth hickory. It sells at the same price as do the ordinary breakfast foods made of dead and down timber. Why not have the best when it costs no more. Every package sterilized.—*Puck*.

❖

Cooper (*Med. Gleaner*) says that the fumes of eucalyptus are effective against the mosquito; also burning dinitrocresol, or insect powder; while the sounding of a certain high vibratory note attracts her frantically so that she may be electrocuted or stuck to her death on fly-paper. Such notes would be worth more than bank-notes could they be used as circulating media.

❖

Freeman (*Med. News*), discussing the diminution in infant mortality in New York, attributes it to the city control of the milk supply, the Straus Milk Charity, the St. John's Guild hospital boats, Waring's street cleaning work, the use of asphalt paving, the opening of small parks, and the enforcement of the laws governing tenement houses. Either the use of intestinal antiseptics is not common in New York or he has not heard of this, the greatest means of reducing the mortality.

Dyspepsia: Diastase is for indigestion of starches and sugars, and acts only when the stomach is alkaline; give before meals.



George F. Butler says smoking is increasing among women.

✽

A French court has convicted a woman of adultery and acquitted her paramour on the same testimony.

✽

Surgeon Lugo-Vina says Porto Ricans have taken to athletics heartily and that the good effects are already noticeable.

✽

Winternitz has used injections of iodized fats for nutritional purposes with discouraging results. Absorption is too slow.

✽

Business men collect monthly. If it were quarterly their losses would be immense; if semi-annually the majority would fail. Doctors take notice.—*N. W. Lancet*.

✽

Two thousand soldiers returning from South Africa are epileptic, from the detonation of lyddite and other modern explosives.—*Med. Times*.

✽

Massanet treated 167 cases of typhoid fever with chloroform in 1 per cent solution, with a mortality of 6 per cent. He claims for the remedy the virtues of an internal antiseptic.

✽

Does lodge-practice pay? Of course it does not. It is only the opening it gives into the families of the members, and this does not pay either, but it will

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Dyspepsia: Give pancreatic extract for indigestion of fats, and only before meals as acid gastric juice digests pancreatin.

not do to let the other fellow have such a chance. The whole business is a graft on the doctor.

✽

Shropshire (*J. A. M. A.*) shows that of cases of malarial hematuria treated by quinine by the stomach, nearly 20 per cent died; while of those treated by quinine hypodermically, only about 5 per cent died. The doses of the latter were up to 40 grains.

✽

Borde has discovered the method of rendering quinine easy for children to take by adding olive oil; but he adds eight times as much oil as quinine, and makes a new nausea. CLINIC readers well know that if just enough oil is used to coat over the quinine it is rendered tasteless and may be given as a powder. The alkaloid cinchonia is also tasteless, because it is so slowly soluble that it is swallowed before solution is effected. The dose is about that of quinine sulphate or one-fourth more.

✽

Lenehan, in the *Nashville Journal of Medicine and Surgery*, raises his voice in protest against the confinement of girls in school while the menstrual function is being established. To make up for poor food she adds sweets. "No wonder she is anemic. No wonder she has headaches. No wonder her whole system becomes a mere bundle of nerves. She is never supposed to menstruate, for she must perform the same duties during the menstrual week as at other times. There is an endless antagonism between brain-growth and body-growth."

Dyspepsia: For atonics, aged alcoholics, marials, with heartburn, flatulence, weight in head—strychnine.

Sheboygan now has a Physicians' Business Association, with W. H. Guenther as President.

❖

New Orleans is putting in a sewer, water and drainage system to cost \$18,000,000, to be completed in five years.

❖

Sweepings from all the St. Louis street cars are found to contain bacilli of tetanus and tuberculosis. Probably the cars are washed out by water containing drainage from Chicago.

❖

Cures prickly heat like magic—babies or grown-ups: A teaspoonful of W-A Vaginal Antiseptic powder to a quart of tepid water; applied freely on a soft cloth.

T. W. H., Oklahoma.

❖

A little Mexican girl, 10 years old, was bitten by a rattlesnake. The Mexicans killed the snake and gave the child the gall internally. Whether due to this or the efficacy of the doctor's treatment, the patient is doing well and her recovery seems assured.

❖

The mosquito plant, *Ocimum Viride*, has been used in India from time immemorial to prevent malaria by driving away the insects. Two or three growing plants in pots placed on the windward side of a veranda will keep the insects at a distance. Placed in a leaf the mosquito becomes unconscious in a few seconds.—*Med. Record*.

❖ ❖ ❖ ❖ ❖ ❖

Dyspepsia: For the stomach worn out by alcohol, spices or overuse, give strychnine, berberine and capsicin.

It has been proposed to make post-mortems compulsory in all deaths. This would, it is said, weed out incompetent doctors. May be. It might occasionally get the big fellows too. But there is no question but that it would result in a large increase in our knowledge of disease and its diagnosis, if the examinations were made by competent parties.

❖

If anyone is still possessed with the idea that the South does not fully participate in the American capacity for "hustling," let him examine the record of Galveston since her destruction by flood. She now ranks third as a port of export, 18th as a port of entry, and last year her Custom House receipts showed an increase of 116 per cent. Not half bad.

❖

Wright, in *Northwest Medicine*, tells of a Scandinavian woman who had uterine reversion. The husband tried to pull the uterus off, but failing took out his jackknife and was about to cut it off when he bethought him of sending for a doctor. Though the uterus had protruded for over two days the doctor replaced the organ and succeeded in retaining it by a T bandage.

❖

#### JUS' KEEP STILL.

If yer feelin' kind o' blue,  
Jus' keep still.  
Brighter days in store for you,  
Jus' keep still.  
Life's stream is deep and wide,  
An' you cannot change th' tide,  
Some things you must abide—  
Jus' keep still.—*Dental Hints*.

Dyspepsia: For atony, anorexia, in convalescence, any of the numerous bitters in small doses in solution before meals.

Dallas, Texas, must be healthy—or not?—as she has three medical colleges in her midst.

✽

Suicide is increasing in Philadelphia—the result of the strenuous life the citizens don't live.

✽

The "Trained Nurse and Hospital Review" for August is one of the most interesting nurses' journals we have yet seen.

✽

Isaacstein had his appendix removed. A sympathetic friend hearing of it exclaimed: "What a pity he had not put it in his wife's name."

✽

Lanphear opens a department of gossip about surgeons and gynecologists as readable as the rest of his bright *American Journal of Surgery and Gynecology*.

✽

Davison in the *Canadian Practitioner and Review* contributes an article on the therapeutics of arteriosclerosis. Apart from hygienic conditions he mentions no remedy except potassium iodide.

✽

### NO DEATH.

"There is no death! what seems so is transition.

This life of mortal breath  
Is but a suburb of the life elysian,  
Whose portals we call Death."

—Dental Hints.

♥ ♥ ♥ ♥ ♥ ♥

Dyspepsia: For gastric irritation or gastralgia bismuth, any salt, soothes the organ and subdues inflammation.

Our sister goes with us—bless her! At the Arlington Cemetery the graves of five who perished in the Spanish-American war were decorated last May with those of their comrades.

✽

### A SAD CASE.

A green little boy in a green little way  
A green little apple devoured one day,  
And the green little grasses now tenderly wave

O'er the green little apple boy's green little grave.—*Current Literature*.

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Under this head (of reflex trouble) may be mentioned the headaches and neuralgias that result from a decayed tooth, hardened wax in the ear, disease or obstruction of the nasal cavities, some obscure rectal or pelvic irritation, and lastly, and most important from our standpoint, those that are caused by some error of refraction or some anomaly of the ocular muscles. No one can deny that remarkable cures of headache and neuralgia have been accomplished solely by the removal of one of the causes mentioned above, and without the use of drugs.—*Med. Outlook*.

✽

They've found the bug  
That eats the bug  
That fights the bug  
That bites us;  
They've traced the germ  
That kills the germ  
That chews the germ  
That smites us.—*Life*.

Dyspepsia: For irritation and gastralgia, small doses of arsenic; copper arsenite gr. 1-500 every two hours.

# *Surgical Department*

## "LITTLE THINGS."



HIS is a sermon with "Little Things" for its text. Nowhere and with none do these unconsidered trifles count as they do with the doctor. As a matter of fact it is often a little thing which means the difference between life and death and that some trifling change in treatment may mean success instead of failure, total and absolute, everyone of us knows well. One of the best maxims we can familiarize ourselves with is, "make yourself perfect." It doesn't matter whether the thing you want to perfect be the doing of a capital operation or the threading of a suture-needle; whether it be the diagnosing of Graves' disease or merely distinguishing between the measles and roseola, the thing is, to be perfect and it is the man who is so who gets up to the top—and stays there.

Mark the last part of the sentence. There are many, many men who touch the top rounds of the ladder and some who manage to stay there for a little while but the few who get a firm footing and "take the top as to the manor born," are the men who made themselves as nearly perfect in "little things" as might be.

Now, suppose you commune with yourself a while. How many of the little things that you are called on to do every day or week do you do without a flaw? When you catheterize do you do it properly and so avoid the possible horrors of bladder cystitis? How about your high enemas—you give them of course? Well, do you give them prop-

erly? It takes some little skill to flush out the upper bowel thoroughly and the man who tries to do it without being perfect in his technique can very easily make an invalid out of an indisposed person.

The "high injection," as usually given, fills but little more than the rectal ampulla; this distention of course causes a desire for evacuation and the fluid is discharged without any appreciable benefit being obtained. The "little things" to be remembered when giving a high enema are to place the patient on either the side or back as may prove most convenient, the hips should be elevated with pillows and the rectal tube previously warmed in water and anointed with oil, should be slowly passed up into the bowel as far as it will go without the use of any force. If any difficulty is experienced in getting well up, open the stop-cock and allow a little water to flow through the tube and it will pass readily enough. The opposition is caused by the folds of membrane being caught by the nozzle and as the canal becomes distended these are released. The tube should penetrate till the end passes the sigmoid and the orifice lies in the descending colon. This having been made sure of, the water should be allowed to flow but slowly at first as thus the upper bowel will be filled before the rectal pouch and there will be no desire for an evacuation till the large bowel is full—or nearly full. By a very simple maneuver the irrigation can be continued indefinitely. Remove the end

of the tube connecting with fountain syringe or irrigator and allow the water to run away. This when a medicated solution is being used is a "little thing" of the greatest importance as by repeating the maneuver several times every part of the bowel wall can be washed by the fluid used. The nicest thing to use (if you can get it) is an ordinary stomach tube with an open end.

Another "little thing" through due attention to which many a doctor has made his practice, is the knack of relieving the symptom which is most obtrusive at the time and the presence of which, as a matter of fact, really caused you to be sent for. It may be a headache which the patient complains bitterly of or it may be that very plebeian ailment a "stomach-ache," but, to the patient it is an ever-present and very real misery, and the doctor who would win his (or her) affections must not talk learnedly about that pain being "a reflex condition caused by the non-assimilation of ingested matter," etc., but must give, there and then, the right thing to stop the pain and then, oh, yes, then if he wants to impress the family he can prove that had he not been called in the nick of time the "appendicular lumen would have become obliterated; plastic adhesions have succeeded a condition of hyperemia and a dark and dismal death probably closed the scene." That would sound very "big" to everyone but it would be "the little thing"—the remedy for the stomach-ache—which really counted.

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#### WHAT SHALL IT BE?

The extraordinary problems which sometimes confront the young as well as

the old and experienced doctor are known only to the initiated. Within the past few weeks the Pennsylvania press contained reports of a peculiar case which happened in Jefferson township.

Late in July Dr. Lilley of Brownsville, Pa., was summoned one night to a farmhouse to see "a woman who was ill." On arriving he was ushered, with a good deal of mystery, into a bedroom and there found a young man in attendance upon a young woman in bed with a new-born child. The man bluntly told the doctor that he "wanted the child killed;" to this the wife and mother of the babe agreed. The indignant doctor told them that they "had the wrong man;" and, judging from the attitude of the man that possible violence might follow his refusal, put his hand ostentatiously on his pistol.

After a few more words of disapprobation the doctor removed from the mouth of the infant a wad of cloth which was semi-suffocating it and having thus done all he could withdrew. On leaving he was warned that anything he might divulge would be followed by instant damage to himself.

Being assured that harm was meant to the child, the next day Dr. Lilley took a friend to the house and demanded the infant. The response was that "it had died—just simply died"—and that the husband had buried it." The proper authorities were informed and to them the father revealed where the body lay and it was exhumed. The man was arrested, as was also the woman as soon as she recovered from child-birth. The charge is of course murder. The accused are both prominent and well-to-do people and the affair has naturally caused much excitement.

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In eight years the number of foreign medical students in Paris has fallen from 1,137 to 585. Entrance is difficult.

Kiernan says fatness is one of the stigmata of genius. We believe it. Some one else says blue eyes are also. This we do not believe.



Dr. Brewer of Chicago relates in the *Medical World* a similar case which happened to him in his early practice but when he returned and demanded the infant (which arrived four months after marriage) he was told it was dead and being himself coroner promptly proceeded to "sit" as such. The body being then "officially" demanded was produced, and to the great chagrin of the doctor-coroner, proved to be alive. The young couple had lied intending to get rid of the unwelcome visitor. The doctor says that it took him years to live down the ridicule and *animus* which was caused by his action, which action was, of course, magnified and distorted to suit.

"Since that time," says Dr. Brewer, "I have always believed what I was told in similar cases, though, like the Scotchman, 'I had me doots.'"

Now the doctor is often asked to relieve some indiscreet young woman of her embarrassing condition and naturally he has to refuse. Those who do not do so inevitably wish that they had before they grow grey—which they are apt to do quickly.

But what is to be done when a young married couple who were "wed before they were married" ask the attending doctor to help them hide the evidence of their indiscretion? Of course when it comes to killing the infant there is but one course, but the question is: Is it right to aid in suppressing the fact of the child's birth and become privy to its being hidden till a more suitable period for its public arrival comes around?

Is the doctor to help blast a young wife's reputation by insisting on a display of bare facts? Is there anything in the moral code which prohibits him

from keeping his council and theirs for a few months? May not the woman be ill, recover, go away and later return, after being again ill, with her child?

Just such a question is apt to arise at any moment in the career of any general practitioner and on what he does his future may depend. What shall he do? Shall he act the Spartan and reveal the mother's shame, or be Christ-like and merciful and "help hide the fault he sees?"

Suppose some of the old practitioners in the CLINIC family give the answer.

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#### OPERATE PAINLESSLY.

To realize fully the wonderful advance that surgery has made during the past two decades, it is only necessary to witness a minor operation of any sort performed by one of the "old school" and "old school" methods and then to see the same work done by an up-to-date thoroughly equipped surgeon. The "old style" man will "have in" somebody to hold the patient still and, with the assurance that "it will soon be over and won't hurt much" goes ahead and cuts, scrapes or sews with the utmost nonchalance, the patient meanwhile suffering the agonies of the lost.

In the very same town, perhaps not a block away, the modern practitioner sets his patient down, applies a solution of adrenalin and follows that with cocaine and (supposing the operation to deal with mucous membrane) cuts or scrapes bloodlessly and painlessly. If it is a finger or a toe that has to come off the first man ties a stout ligature around the base and cuts off the member as fast as he can. The modern man takes up his

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Sweden pronoses a tax on fat people, rising with the weight. That will banish genius from Scandinavia.

The Comstock Collection Agency is receiving attention from some writers in *The Medical World* that make interesting reading.

ethyl chloride tube and sprays a spot for a moment, then, with his hypodermic syringe he injects a solution of cocaine, eucaïne or Nirvanin without hurry and watched—perhaps even aided—by the interested patient; does what has to be done without eliciting even a sigh of distress. The world went “thankful-mad” over ether and chloroform once their beneficent action was understood but the advent of local anesthesia has been comparatively but little heralded and rejoiced over.

And now come the solutions of the adrenals. Clinical test after test has proven beyond the faintest doubt that we can, by using this agent combined with one of the local anesthetics, not only do a painless but a bloodless operation upon an interested, watching subject. One of the great drawbacks to all surgical steps has been “shock,” which existed, to some extent, in every case. Where there was a prior traumatism it, in itself, caused the condition and, until this had, to some degree, passed, the surgeon would not think of operating. But at best the effect of the anesthetic could not be said to be beneficial and in those cases where the only lesion was that caused by the surgeon’s knife it was to be reckoned as positively injurious.

The mental impression received by the subject of an operation is very great and even though the work is done painlessly the sight of blood has an ill effect.

To-day all these difficulties are done away with. The doctor who operates at all must, if he would hope to be successful, be provided with the modern means for “unobjectionable operating” as it might be termed. This being the case that there are still men who do not know what ethyl chloride is or how in-

filtration anesthesia should be performed is remarkable and as deplorable as peculiar. There is not a medical periodical that does not contain something on this subject during the year and it would seem that the country practitioner would have appreciated the fact that the one thing he had to learn was how to operate painlessly. These “old-time” men must wake up; the days of blood and cries have gone forever and there is absolutely no excuse for the doctor who tortures his patients when under the knife.

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#### THE PESSARY AND ITS PROVINCE.

The pessary it is said—or it has been said—is the “tool of the uninformed;” if that is the case then there are a good many “uninformed” doctors who have, so far, managed to keep their ignorance marvellously well hidden.

Perhaps, like a good many other things, the pessary has its good and its bad sides; there are times when it can and should be used;—indeed, there are cases in which it is the only thing available—and, on the other hand, there are cases in which to use a pessary of any kind would be but little short of criminal malpractice. Then, there are pessaries and pessaries. Some of them are “fearfully and wonderfully made” and torture the unfortunate wearer like one of the instruments of the Spanish Inquisition; others are incorrect—anatomically and in theory—and one wonders what the man who invented them ate for his supper the night before he had his inspiration?

The one pessary which can be all

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Paraffin is being recommended as an injection into the tissues around the uterus, to supply support in prolapsus.

By the way, just tell the brethren that for burns of 1st and 2nd degree nothing equals Camphoral.—A. E. Savage, M. D.

good or all evil, according to the way in which it is used, is the hardrubber stem pessary. This, with its belt can be made in some cases of retroversion or prolapsus the most useful and even comfortable of appliances; but, to accomplish this, the doctor must know how to apply it; must take the most exact measurements and must see to it that the cup supports the cervix fairly and evenly. If these points are not attended to then the stem pessary becomes an aggravation and an instrument of sublimest torture.

Remembering the fact that pessaries are as a rule palliative only, the thing the doctor must bear in mind is the possibility of doing more harm than good by the use of one. Unless skilled in such work the safest thing he can do is avoid any possible chance of doing an injury and to do this it becomes necessary to eschew the "hard" pessary altogether. This may be, in experienced hands, of extreme value but in nine cases out of ten the ordinary man will wish he had never inserted one if he does do so.

Where a pessary is of real use to the general practitioner is where there is an elongation of the cervix with but little displacement of the fundus. Here there is room for a well-adjusted Emmet pessary but the danger of pressure with its resulting ulceration must always be thought of.

Cystocele and anterior enterocele may be controlled by the use of Brauns' colpeurynter and, as this can be removed and replaced daily by the patient herself, it is free from the most serious objection to the ordinary pessary. These, when used at all, must be applied by the doctor and must either remain *in situ*

till he can remove them or be taken out and returned by the woman herself.

As a rule the pessary is left in place and the havoc one can work in a week or two is appalling to witness.

If you must use pessaries, use those which cannot do harm.



It is becoming recognized more and more that it is not always fair to accuse the woman in cases of sterility. Hitherto, when the eagerly expected heir failed to put in an appearance the wife fretted and fumed and realized that she labored under the disadvantage of being scornfully dubbed by her female acquaintances "barren." It was, with laity and doctor alike, always the woman. The French proverb, *chercher la femme* never applied more "patly" than here. But now-a-days the gynecologist begins to recognize the fact that the man has often more to do with his wife's non-fecundity than she has. That a gonorrhea has a most injurious effect upon any man is not to be questioned but what terms will describe the havoc wrought by numerous and often badly-treated cases? When we find that there is no malposition or discoverable abnormality of the female genitalia; when we are informed that there is every desire on the part of the wife to bear a child and yet none arrives, it is good policy, before giving any opinion on the subject, to have an examination of the man and his semen. To subject the wife to prolonged and uncomfortable treatment for sterility when there is nothing the matter with her whatever is, to put it bluntly, malpractice of a kind. In the very beginning it is well to have a confidential chat with the husband and



Eczema: For pustular forms arsenic and calcium sulphides, small doses in acute cases, large ones in chronic forms.

Eczema: Arsenics in very small doses for acutes; to toleration for chronics, vulval, anal, scrotal, scaly.

draw out something of his past life and doings. If it is proved to be his fault it is still a question as to whether there is any possible chance of the semen becoming normal again.

At any rate nothing should be promised, though the man can be placed upon testicular extract and other strong supportive and nutritive treatments.

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In the last number of the CLINIC attention was called to the fact that in well-mated married couples the husband often suffers through the parturient period almost as much as the wife. In the writer's experience, it was stated, that a man was sick every morning with his wife and even complained of "pains" when she had hers.

In the current *Medical World* a correspondent asks whether there is any ground for the belief among the laity that a man sometimes "does the breeding for his wife?" The editor, in answering, says: "Cases have been reported from time to time where the husband has developed nausea and the other symptoms incident to pregnancy in place of his wife."

He then continues: "Such instances are to be found among neurotics and scientific literature does not take any account of them." Then, we would like to remark, the sooner "scientific literature" does take account of as important and well-established natural phenomena as this the better. The practical, hard-working doctor has learned at last to bear the disappointment when he turns to his "authorities" for help in some condition and "finds no account taken of it" for he realizes that the deep-thinking, scientific, erudite writer of an "authoritative" work is not apt to know

much about the treatment of cases after all—in practice.

But, now, when it comes to a condition such as the one mentioned being ignored or mentioned in a current practical journal edited for the "hard-working doctor" as a manifestation of "nerves" it surely is time to protest against this calm way of labeling everything "abnormal" or "neurotic" which has failed to be noted by the "authorities" who "have been."

We venture to advance the theory that it is a perfectly natural thing for the male of a properly mated and really wedded couple to feel distress as his wife feels it during pregnancy and when we understand just a little more about the transference of life and "hereditary traits" and "prenatal influence" we shall know just how and why it is that such things occur (as they do) not once, or twice, but often and not among neurotics but among entirely sane and perfectly practical people.

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Bouchard, of Paris, advances the theory that if it takes say twenty grains of a drug, given *per os*, to relieve a local condition then a very small percentage of the amount would do the work if injected hypodermically. In a paper advancing his theory he says: "A man with acute articular rheumatism weighing 32 pounds, to whom 90 grains of sodium salicylate is given, finds that the swelling of the joints subsides. Ten centigrams of the remedy have been administered each day to each kilo of his weight; that is, to each kilo of healthy tissue as well as to the diseased. If now in each joint (to speak only of the larger ones) the soft tissues that are

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Eczema: An occasional dose of calomel aids the effect of any other remedy that may be given.

Eczema: In obstinate cases try stimulating the nerves powerfully by zinc phosphide gr. 1-6 four times a day.

diseased weigh between 50 and 100 grams, the recovery of each local lesion is brought about by doses of from 5 to 10 milligrams. Facts show that an acute rheumatism yields to a local injection of extremely small quantities of sodium salicylate. I have seen cases stopped off with  $\frac{1}{2}$  gr. given locally."

The author of the paper calls attention to the fact that this is not merely a cure by the counter-irritation caused by the injection of hot water thrown into the tissues. Quoting a case, he continues: "A patient of mine had been in bed for two months and had derived no benefit from six weeks' of proper local and general treatment. Ten centigrams of sodium salicylate given in one injection cured the condition by the following day."

Now there is something to think about in this matter. Of course we all know that hypodermic exhibitions of the proper remedies will often give results that could not be obtained in any other way;—this we all will grant—but, when we come to weigh up a man and then take from the total avoirdupois the possible weight of the diseased part and from the total adult dose *per os* subtract the proportionate amount for the afflicted joint or what not and inject it locally, we are practising a new system altogether and throwing all the old, accepted conclusions to the winds. One of the questions asked by the State Boards of the future will be: "If it takes forty grains of chloral given *per os* to put a man weighing 200 pounds to sleep how much will you inject into his foot to send it to sleep; the foot (patient being from Chicago) weighing  $17\frac{1}{2}$  pounds?"

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It is not always the best thing to operate and otherwise disturb the sub-

ject of a severe head injury. It has several times been remarked that cases which were seemingly hopeless have recovered upon being left religiously alone surgically and receiving but the most ordinary care otherwise. A case recently described in one of the medical weeklies brings this fact to the fore in a striking manner.

The writer was called to attend the victim of a R. R. accident and found him on a stretcher with a compound, comminuted fracture of the skull in the temporal region which extended from just in front of the ear backward across the parietal bone. There was a hole the size of a half-dollar through which the brain could be seen plainly and a good deal of its substance was loose in the hair.

The patient was in such shape that the doctor, in the hope of making him a little presentable for his wife to see cleaned the wound as best he could and, after removing some spiculæ of bone, stuffed the hole with gauze. When asked what should subsequently be done with the man the doctor frankly says he replied: "Take him to the morgue." Later, however, sentiment got the best of him and he determined to operate as "a forlorn hope." Hot saline was administered *per rectum*, atropine cautiously given and external heat kept up by hot-water bags. The next morning patient was, for the first time, lifted from the stretcher and a few more pieces of bone removed; the wound was dressed and clean things placed on him. For five days the man lay in a stupor with stertorous breathing and with every function of the body in abeyance. Then, all of a sudden he opened his eyes and, from that moment gradually came back

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Eczema: A course of phytolaccin has proved the magic touch that cures obstinate cases that resist all else.

Eczema: When in obstinate cases that have resisted well-directed treatment cure follows carbolic acid, is it toxic?



to "life and knowledge thereof." He finally recovered his entire functions and the only sequel is a loss of memory which is present off and on.

The writer of the report states that he considered the patient owed his life entirely to lack of operative or other interference. The bowel was kept flushed and aseptic and the free use of external heat kept up the waning cardiac activity. Atropine proved here to be the stimulant *par excellence*. These points and the case generally are worth remembering and it will be well to consider in many of our severer and seemingly moribund "accident cases" the advisability of letting Nature do her part,—assisted maybe, but not "meddled" with.

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Sometimes one would like to aspirate but an efficient aspirator is not to be obtained. Still, that need not disturb the practitioner who can get hold of a large, wide-mouthed bottle and a rubber stopper therefore. The way to make an

"ignition aspirator," as described by Carl Connell in a contemporary medical monthly recently, is as follows. Take a five-pint bottle and provide for it a rubber stopper perforated to admit a bent glass tube. The bottle mouth should be about an inch across. Pour into the bottle three drams of alcohol and swirl it around till the entire inner surface is covered. Throw out the excess and before the alcohol left can settle, ignite it. When the flame descends to the bottom cork quickly and there you have an aspirator complete. Fully 80 per cent of the air is exhausted and there is an aspirating power equal to sixty odd ounces. The glass tube must, of course, be connected with a rubber pipe which should, at the further end, be clamped with either the regular "cut-off" or a pair of hemostatic forceps. The trocar having been introduced the pipe is fitted to the canula, the clamp is removed and presto; there is an aspirator working for you that will equal in effectiveness the most expensive affair on the market.

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#### A NEW BANDAGE AND ITS PRACTICAL USES.

By Edward A. Tracy, M.D.



THIS bandage I have extensively used for the past three years. I find it so efficient in the treatment of such cases as are described further on, and so superior to the ordinary bandages used heretofore, that I take pleasure in presenting it to my *confreres* believing it will serve them well in alleviating treatment

to which so many must submit and to which all are liable.

Probably the use of the cotton roller bandage is universal. There is no bandage that exhibits more the art of the surgeon who applies it. Its unskillful application over irregularly curved surfaces is sure to reveal itself, and always to the discredit of the one who applied the bandage. To be sure such discomfort has only been experienced by us in our early days of hospital internship. There, indeed, we learned how to apply a bandage so that at least

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Eczema: Sometimes rhus cures; when pushed to the production of rhus poisoning symptoms; otherwise useless.

Eczema: When there is more than usual of burning and itching it is likely that rhus will prove effective.

it would stay on, even though the beautifully regular "reverse" lines exhibited in the bandaging of our teachers, were conspicuous by their absence.

The roller bandage, however, is never more than a retention bandage. Because of its want of elasticity, and the varying changes in the tissues over which it is applied, such as subsidence, or increase of swelling; it is a retention bandage that needs constant observation and frequent reapplication, to fulfill the purpose of its employment.

This want of elasticity in the ordinary roller bandage precludes its use in many conditions, and dressings. In its place is used the gauze bandage. The gauze bandage is however a flimsy affair and does not permit of many reapplications, as washing, for this shreddy fabric, is out of the question. It is far superior, however, to the ordinary roller bandage for retentive purposes, because of its conforming to irregular surface and because of its increased porosity. There are many cases where elastic compression is an important element of right treatment. This has been heretofore difficult in practice to obtain. Such cases are incipient buboes (in the groin) acute joint effusions, varicose leg-veins, compression of the breast to assist in the stoppage of lactation, pressure upon a limb to hinder the extension of a lymphangitis, and others. Certainly a fair amount of pressure can be had for such cases by the use of a gauze bandage and pressure pads of cotton or oakum, or by use of a flannel bandage (cut on the bias) but a far more elegant and efficient elastic pressure is to be had by the use of my woven bandage. This bandage is of such a texture that it resists stretching with a force propor-

tionate to the stretching force. After several reapplications the bandage loses somewhat its elasticity. This elasticity can be readily restored by washing and ironing. When ironing it the bandage should be widened. This makes it as elastic as ever.

A very pleasing feature of the use of this bandage is the expression of comfort made by patients on whom it has been applied.

To illustrate some of the uses of the bandage, I append the following notes:

Case I. Hydrops of the knee joint. Mr. H., had been treated by me about a year before for an acute attack of rheumatic fever which yielded rapidly to medication, having recovered in six days. Patient complained of the right knee; thought he had injured it some way, knee very much swollen, the swelling due to synovial fluid in the joint. The knee was kept quiet for three weeks by means of a wood-plastic splint moulded upon the limb. At the end of this period the fluid was all absorbed. The splint was then omitted. In a week the joint was as swollen as before. I then applied my bandage. In a few weeks the joint was normal in appearance and has remained so since (now three years).

Case II. Abscess of the breast. Mrs. L. had been delivered in New York. Two weeks after an abscess in the right breast developed and four incisions were made in it by the attending physician. Poultices were also applied. After three weeks, there being no improvement, the patient in fact becoming sicker, her sister, visiting her from Boston, suggested to her husband that she be brought to Boston for treatment. On her arrival in Boston she was placed in my care. The right breast was

Eczema: In eczema of the hand atropine and quinine have been recommended. Use atropine for free secretion.

Eczema: In chronic gouty cases use iridin as a hepatic stimulant, which is almost universally required in all cases.

found filled with stinking pus, the incisions mentioned above being packed with gauze, so that it could not escape. Temperature was 102, pulse 120, and weak. Patient complained of chilly sensations, headache, nausea, and extreme malaise. The abscesses were washed out with hot creolin solution and hot creolin poultices were applied every hour. The patient had kept on nursing her babe despite her general sick condition. I decided to stop lactation as soon as possible for two reasons, viz.: 1. The milk secreted by a woman in such a septic condition had, most probably, undesirable constituents. 2. Since the breasts act in sympathy, it was deemed desirable to have both in a state of physiologic rest, so that the abscessed one would be in a better condition for healing. Elastic pressure together with atropine were deemed the correct things to stop lactation. Atropine sulph. 1-250 gr., was given every half-hour till the throat became dry, then one granule every two hours for a week. The pressure was produced by applying my bandage singly over the left breast and around the body starting from the summit of the right axilla avoiding the right breast with the abscess. Applying the bandage in this wise, avoided all pressure on the sore breast, upon which an antiseptic poultice was retained by means of another of my bandages. Thus on the same patient my bandages were applied producing efficient compression on one breast, and on the other acting as a poultice retainer with but slight elastic pressure. The poultice deserves a special word of mention. It is a linseed poultice made with a solution of creolin (one teaspoonful of creolin to the pint of water). The poultice should

be boiled for five minutes, and applied as hot as can be borne, its inner surface covered with muslin. This poultice was applied every two hours in the day until the breast healed about three weeks. Despite the four incisions in the breast when the case came under my care, I made another in the lowest point of the breast for perfect drainage. Tonic treatment including arsenic, quinine and iron, and 'Russell's emulsion of fats placed her upon a high plane of health. She attributed much of her comfort while under treatment to the bandages, which by the way were easily reapplied by her sister. Since treating this I have treated four other cases of breast abscesses with a further demonstration of the value of the bandage as an adjuvant to efficient treatment of this class of cases.

Case III. Suppurating Buboec. H. came from Washington, D. C., where he had been treated for gonorrhea, and had had discharging suppurating glands in the right groin. Upon examination I found an induration uniting the meatus, leaving only a small opening into the urethra. I cut through the induration and placed in the meatus a bit of cotton smeared with ointment, and ordered him to syringe the canal with a permanganate solution after each urination. He visited my office daily. The meatus was kept pervious until it required no further attention, its walls becoming covered with epithelia. The suppurating glands were treated with injection of tr. iodine, and a dressing of Unguentine applied, it being retained by my bandage applied in figure-of-8 style over the right groin, thigh, and opposite hip. The advantage of the bandage to serve as a perfect retainer of dressings about the groin was



Eczema: Strumous children should take calcium lactophosphate with iodoform, iodol, or iodide of iron chronically.

Eczema: Colchicine for the gouty, plethoric, sedentary meat eaters. Give one dose at bedtime enough to act on bowels.

demonstrated in this case. I have treated several cases of incipient buboes in the groin, by applying pressure with my bandage with complete success.

**Varicose Leg-veins.** The bandage makes a splendid support for varicose veins of the leg. Many cases have demonstrated this. Unlike the flannel-biased bandage there are no seams in it to produce uneven pressure upon the diseased veins. Unlike rubber it has no odor and does not "draw," and though well supported by the elastic compression of the bandage, the skin is at the same time well ventilated because of the porosity of the bandage. Another advantage is that the bandage can be washed readily and ironed, this process restoring its elasticity. When the patient uses two bandages, one in use, the other resting, the best result possible from the bandage treatment of varicose leg-veins will be had. I urge a word of warning here against the use of the elastic stockings, that are marketed so universally for varicosities. I have treated several cases of thrombo-phlebitis caused by the use of these elastic stockings. Irregular and severe pressure upon the weakened vein-wall readily causes inflammation therein, and then follows thrombosis. The wearing of these stockings is dangerous. There is no danger in the equalized pressure from a properly applied bandage.

#### FOR RETENTION OF SCALP-WOUND DRESSINGS.

A neat and snug retention of scalp dressings can be had by means of this bandage. A piece of the bandage is made to encircle snugly the forehead and below the occiput (above the ears, or in some cases upon the ears); from this encircling band retention bands of the bandage are attached with safety pins,

as many bands as may be needed to secure perfect retention of the scalp dressing. I have treated many scalp cases using this way of bandaging with entire satisfaction.

For both contusions and fractures of the ribs, the bandage will be found very efficient when used together with a piece of wood-plastic splint material. A piece of the splint material of suitable shape is taken and moistened with water. This becomes semiplastic and can be moulded over the injured ribs. This is then bandaged snugly in place with one or two of the bandages. The splint rests snugly upon the sound ribs, and prevents hurtful pressure from reaching the injured ribs. This form of dressing is easily applied and removed. Its comfort is appreciated by the patient.

**TO MAKE QUICKLY AN EFFICIENT AND COMFORTABLE T BANDAGE.**—This T bandage I have found very convenient to retain dressings after operations for piles, and other rectal operations and as a suspensory or rather supporting bandage for the scrotum and penis. It adds materially to the efficiency of the medicated bougie treatment for gonorrhea. To support and compress the parts after operation for hydrocele it serves excellently. I find it preferable to the complicated suspensory bandages because of its simplicity of application and because we can control the amount of pressure applied in the individual case. Since using this bandage in practice I have discarded the use of the so-called suspensory bandages—because I find the new bandage more comfortable on the patient, cheaper and easier of adjustment.

To make this T bandage, cut a piece from my long bandage of sufficient

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**Eczema:** Study this malady over under the light of urine examination. Is elimination ever sufficient in these cases?

**Dysuria:** For vesic pain and frequent calls to urinate, give cantharidin gr. 1-5000 every one to three hours till easy.

length to encircle the body over the iliac spines. Attach another piece about half as long, to the middle of the first piece at right angles forming the T. The shorter piece should be slit up the middle through one side only to near its attachment to the longer body encircling piece. This slitting renders the shorter piece, that serves to hold up the parts when the bandage is applied, sufficiently wide to do so comfortably, and to hold them in the position intended without any risk of the bandage sliding over the parts it is intended to hold in place. I might mention that no stitching is necessary in making this T bandage. Safety pins are used instead. One minute is all the time required to make it. To apply it first pin the body piece so as to snugly encircle the body over the iliac spines. Then the piece that lies over the perineum should be

widened and attached on each side to the encircling belt piece, as near to the iliac spines as possible. I will repeat that for the treatment of piles (retention of dressings) hydrocele, gonorrhea (to hold the penis with inserted bougie against the pubic arch) epididymitis, relaxed scrotum, varicocele, aching testes, I find a most efficient adjuvant in this T bandage.

**OTHER USES.**—The wide awake practitioner will find many another use for the bandage. When boiled and dried, pieces of it serve admirably for use in the dressings of ulcers, used similarly to lint. Its mesh is not so coarse as to interfere with epidermization or granulation. As a belly band for babies it serves very well, particularly in cases where there is umbilical protrusion.

Boston, Mass.

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#### THE USE OF PARAFFIN SHEETS AFTER INTRA-NASAL OPERATIONS.

By Oscar F. Baerens, M.D., Ph.G.

Prof. Ear, Nose and Throat, St. Louis College of Physicians and Surgeons; Nose and Throat Surgeon, Jefferson Hospital.



**I**T often happens to the inexperienced operator that after the removal of ridges, spurs of the septum, turbinal hypertrophies, etc., a return of the symptoms come on after the operator has looked forward to a cure. In the majority of these instances it will be found that bands of tissue have been formed which have united with the parts op-

posite and restored the contact of the parts with each other, engendering the original symptoms of catarrh. These connecting bands of tissue are known as synechia, and it should be the duty of the physician to guard against the formation thereof while the case is still in his care.

Rhinologists have long used strips of rubber sheeting as a prophylactic measure. A narrow strip of rubber is cut to the desired size and slipped between the apposing surfaces, thus preventing their subsequent union. I have never liked this much, for several rea-

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**Dysuria:** Strangury and bloody urine from the bladder call for atropine gr. 1-500 every half-hour till the mouth dries.

**Dysuria:** For strangury or bloody urine, cannabis gr. 1-6 of a good extract every half-hour till relief, is good.



sons. The rubber sheeting will not bear sterilization well, it collapses in the nose owing to the heat of the parts, and produces more or less annoyance while in the nasal cavity. It is readily blown out during sneezing, is sometimes drawn into the nasopharynx, and has an annoying way of slipping out of position.

I have used various other substances at different times, such as celluloid and fiber board, with more or less dissatisfaction to myself and patient, until several months ago while working with paraffin which I was preparing for use in the restoration of deformed noses, it struck me that it might be feasible to use sheets of paraffin in place of the rubber sheeting after septal operations. I prepared some sheets for subsequent use as follows: I took a four-ounce block of paraffin as found in the open market and shaved it into boiling water. To this I added 5 per cent of white vaselin and 5 per cent of phenol. This I allow-

ed to boil for twenty minutes. I made ready a shallow pan containing ice water. After allowing the paraffin mixture to stand and cool for fifteen minutes I poured the mixture over the ice water where it spread itself over the surface in a sheet of suitable thickness to permit its use as intended.

The paraffin so prepared is aseptic as well as antiseptic, can be kept indefinitely, will retain its shape after being cut and introduced into the nose, being of a sufficient melting point to prevent the heat of the parts to cause it to collapse, is a sufficiently cheap substitute for any other agent, its smoothness preventing irritation of the raw surfaces, it does not absorb moisture, will not crumble on removal from the nose and has a number of advantages which need not be mentioned.

Other uses of this paraffin sheet will suggest themselves to the surgeon.

St. Louis, Mo.

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#### COMMENTS ON "CLINIC" CONTRIBUTIONS.

By Thomas H. Manley, Ph.D., M.D.

**T**HE last issues of THE SURGICAL CLINIC as such impressed me as singularly rich in practical, useful material, not only for the plodder in the ranks, but as well, for any specialist, author or teacher and may be regarded as the latest and most useful contribution to surgical literature.

The editor "opens the ball" with a surgical sermon, beginning with the keen-edged steel, and appeals to the profession as a whole, to do their own surgery; indeed they must do a good share of it or they will do nothing, as there are to-day, at least, ten surgical operations performed to the one thirty

years ago. There is altogether too much operating, but not enough good surgery, for, let it not be forgotten, that the spilling of blood and division of the living tissues—the operative branch of the art—is but one, and the least important at that, in the domain of surgery.

"In Costal Fracture" the points submitted by Dr. Edward Borck are of special value. To raise the shoulders high, relax the musculature and press the surfaces into line, is good practice. Chiene has pointed out that no description of adjustment can arrest movement in a broken rib, though strangely enough, no bone-shaft in the body unites

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Dysuria: Strangury from any cause is relieved by camphor monobromate a grain every fifteen minutes till effect.

Dysuria: Chimaphyllin having been advised for strangury it stands to reason that we try arbutin, its active principle.

so quickly; however, if we cannot fix these hooped bones, we can steady them by proper adjustments. Multiple fracture, or one attended with wide laceration of lung tissue and hemothorax, of course, calls for special therapy.

"Electricity in Gynecology" by Dr. E. H. Grubbe, suggests that all the disciples of Apostoli are not dead yet.

In gynecology, surgery has "gone daft." Exclusive of malignant disease, there are few pathologic lesions of the female genitalia, that lead to death or shorten life. No one so eagerly seized on the new dispensation of Apostoli as the late celebrated Keith, the most successful laparotomist of his time.

Well do we remember the crowded loft over a coopershop in the Rue du Jour in Paris, wherein assembled great numbers to witness the treatment of every type of pelvic disease in woman. To reap the fullest measure of good from the electric current, patience, perseverance and special skill are necessary.

"The rite of circumcision," though ancient is yet of questionable utility; no doubt, we would do better to deprive every newborn male infant of his appendix, rather than his prepuce. All of the lower animals carry their glans ensheathed, why not the human subject?

When there is atresia or stenosis of the preputial orifice—a condition not uncommon—then the question of the best mode to relieve it by surgical procedure must be considered.

Circumcision in the infant is simple and usually safe enough, though I have known mortal erysipelas to follow. In the adult, for various physiologic reasons, it is a more serious affair. This is because of the greatly increased vascu-

larization of the parts. I have seen nearly mortal exsanguinization—secondary—after the operation, in a young man. It came on in his sleep, and was only discovered by the alertness of a night nurse, who was struck by the marble pallor of the patient.

"Bad subjects for anesthesia," is indeed a timely topic. What can be more tragic than a death under an anesthetic?

Hence why every practitioner should thoroughly acquaint himself with the vast field open for the local analgesics, among which comes far to the front, cocaine; only let us bear steadily in mind the precepts of Reclus: "Use but one per cent solution, for hypodermication;" a very small quantity even of that, and take time—from five to ten minutes—diffusing it, before we take up the scalpel. Crile's suggestion of "blocking the areas," by injecting along the course of nerve trunks, is invaluable. Mitchell Banks well observes, that all pulmonary anesthetics are toxic agents; some patients resist, and to force them is full of peril.

"The Elderly Bladder." Dr. W. E. Johnson well says, calls for various remedies for individual cases. The old man's bladder is a totally different structure to the organ of vigorous manhood; it has lost its tone, its smooth muscle has degenerated into fibrous tissues; to empty it calls for the aid of the abdominal muscles.

The kidneys do their work of elimination imperfectly, the urine increases in density, in its mineral elements; and hence, is more irritating to the vesical mucosum, now less calculated to resist it. Residual, stagnant urine intermixed with mucus, is highly prone to ammoniacal decomposition. Prostatitis and

Dysuria: Gelsemin, gossypin, salol and scillitin all lessen irritability of the bladder from any cause.

Dysuria: For paretics, bladder feeling as if but partly emptied, give ergotin, gr. 1-6 every hour till better.

cystitis now ensue, probably, not as a cause of misery to the man in advancing years, but as a consequence of disordered elimination, therefore, why we will always do well, to first and perseveringly address our remedies to the general system, rather than to the local parts. Surgery in this class of cases is always dangerous and seldom satisfactory, so that except for stone, stricture or neoplasm, we will do well not to lightly turn to the "keen edge" first.

Dr. M. E. Johnson is skeptical of statistics in "Appendicitis" reports. Some surgeons and some physicians never lose a case. Neither of those have ever had serious cases. Many types of this malady are definitely diagnosed only with great difficulty. No class of

abdominal affections calls for higher skill, knowledge and experience in their surgical treatment than these. Nature sometimes works wonders here; many times better to aid her, than turn to the arbitrament of the blade, in the untrained hand. At New Orleans, in the recent meeting of the American Medical Association, there were many extremists, who went so far as to recommend operation on the "first day and in every case."

Such an attitude is certain to bring surgery into contempt, as every experienced practitioner well knows that but a small proportion call for operation at all; and that this too, is by no means without its dangers.

New York City.

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#### PROFOUND OPIUM NARCOSIS.

By J. W. Shook, M.D.

**R**ESPONDING to your request for my most interesting case I herewith comply with the following case of opium narcosis. At noon on August 3, 1887, Chas. Hall, a blacksmith suffering with dipsomania was on a protracted spree. Growing despondent, he at noon on the above-mentioned date, took a dram of morphine sulphate with suicidal intent. Narcosis made its appearance promptly. A messenger was dispatched for me. I was not in town and another physician was called in, and in the course of the afternoon six others including myself saw him, the other five treating him in the interval between 12 m. and 4 p. m., at which time I returned to be told to hurry at once to H.'s house. On the way I met the physician supposed to be in charge on the street. I inquired of

him the condition of the patient. His reply was "dead, dead, dead. Why, he took a dram of morphine at a dose and nothing could save him. We have done everything and he is now past help; dead, dead, dead." I replied, "Well, Doctor, I have been sent for and will go anyway to satisfy the family."

Arriving there, I found a man not dead but moribund, intensely cyanotic and profoundly unconscious. His pupils were "pin-point" in contraction, there was a mere thrill of a heart's beat and about once a minute an abortive effort at respiration: body limp in every fiber. With this before me the family and friends were wringing their hands and wailing. "Oh, can nothing be done to save him? Can't you do something Dr. Shook? For God's sake don't let him die." Right here another scene in the

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Ears: Noises in the ear are sometimes relieved by the use of aconitine gr. 1-134 every hour till pulse is soft.

Ears: Catarrh extending to the aural passages is relieved by hydrastin which also gives tone that may be needed.

amphitheater with Doctor E. H. Hyatt, Professor of Therapeutics, came before me. I told them I would try. For I remembered when about three years before a certain senior was made to "sweat blood" during a certain memorable quiz in which as in the case before me, "everything had been done;" that is, everything but the right thing, the only thing, and, while the aforesaid senior was unable to "make good" a certain sophomore away back said feebly: "Try artificial respiration." The professor fairly shouted, "yes, by all means! It is the sheet-anchor of treatment in opium narcosis." I went to work, made some progress but found a paralyzed tongue occupying the pharynx and seriously interfering with our efforts. I introduced an index finger, hooked it up and held it there; still the air did not enter with the freedom it should, the hyoid bone with its muscles was interfering. I grasped the jaw at either angle and lifted it upward, and forward, putting all the underlying tissues on the stretch. The air now found easy ingress and slowly, very slowly, we began to make some headway. At about 8 p. m. I asked the aforesaid doctor to take my place just for a few minutes till I should go to see my wife who had been confined the day before. He replied: "Just let him go, he is dead, and what is the use of wasting time on him? Any of these boys can do it as well as I can." I said, "Pardon me, Doctor, I had not thought of that, but none of these boys (the room was full) can take my place." I sent a messenger to my wife saying that unless she needed me I should not return until she saw me, and I staid.

This old doctor staid too, awhile, and ever and anon requested me

to let go the patient's tongue "to see what would happen." I did not let go. About 10 p. m. another M. D., a well-equipped man and not consumed by envy, came in before retiring for the night. Coming up close to me so that his words should reach only my ear, he said, "Shook, what do you think of him?" I replied, "As long as he breathes he will live and I will know beyond the possibility of a shadow of a doubt that he is dead before I quit." His reply was "Godfrey that is so and I hope you will succeed but I'm afraid you won't, but keep on trying." About this time the patient was looking more like a man than a cadaver, but needed all the help I could render. The crowd thinned out and finally all left except two young men that I requested to remain with me.

Something near the hour of midnight I noticed a slight twitching in one of the facial fibers under the eye and about a half-hour later felt the tongue roll slightly under my finger. Within an hour he responded with a grunt to shouting in his ear. His breathing was now much better but still needed help. A little later I shouted: "Charley, they say you are dead, are you?" He grunted in a thick, drunken voice: "Not by a dum sight." He was "coming" fast and was soon completely conscious. Desiring to follow what the books taught we got him up and undertook to walk him. Every attempt brought out a cry of pain, as every muscle was sore because the patient having been so near to death his muscles had undergone chemical changes. Getting ready for *rigor mortis*. There had been a period of more than twelve hours of carbonic acid poisoning. We put him back to



Ears: Labyrinthine disease is sometimes relieved by a dose of pilocarpine enough to cause some sweating. Try it.

Ears: To remove foreign bodies filling the meatus up, use a match dipped in glue, pressed against body and left to dry.

bed, fearing that to persist in walking would do him harm rather than good. The administration of respiratory stimulants—the salts of ammonia at first with strychnine later—was carried out. Catheterizing the bladder, and a brisk cathartic completed the treatment. The only unpleasant incident that occurred came through an attempt upon the part of the doctor who refused to aid me, attempting to administer a hypodermic injection of something during my absence, which I had very carefully forbidden. Having staid with him till respiration and circulation was normal or nearly so, I didn't want "my thunder stolen."

This was by all odds, the most interesting case that ever came under my observation. I recite it, not so much to proclaim my victory as with the hope that it may be read by some faltering brother who, remembering my experience may save a life and, I hope, gain the gratitude that ought to be his for his efforts. This I did not fully realize for this man ceased to employ me but got into the boat of another practitioner who was being boomed by his partisans, thus proving that Burns knew

what he was writing when he said in an epistle to a young friend: "Ye'll try the world full soon, my lad, and Andrew dear, believe me, You'll find mankind an unco' squad, and muckle they may grieve ye; for care and trouble set your thought, even when your end's attained, And a' your views may come to naught when every nerve is strained." Had I set the broken leg of an outcast cur dog he would have been my friend through life, but this ungrateful man accepted his more or less worthless life at my hands and abandoned my cause just because I had the independence to vote as I thought best on the temperance question, and because some one who "had it in for me" wanted him to throw me over.

I know this sounds pessimistic, but I am far from a pessimist and would only be too glad to repeat the same operation for a fellow being in distress though I felt sure he would not appreciate it. Some would. Robert G. Ingersoll characterized ingratitude as a crime. I believe that in this, at least, he was right.

Canal Winchester, O.

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### THE TREATMENT OF ACCIDENTS.

By Geo. H. Candler, M. D.



OW many of us are able to hear the call: "Come quick, Doctor, so-and-so has met with an accident and he'll bleed to death if you don't hurry," without a certain amount of trepidation; and what percentage of the profession feel perfectly self-confident when confronted with a serious lesion and know just what to do and how to do it?

Not every man can be injured to



casualties by ambulance or "emergency" work before he reaches the stage where his sign announces him as being ready and able to repair any damage the *corpus humanum* can sustain. So he has to content himself with remembering what he can of his clinical teachings at college and read up in his text-books preparatory to the call which must inevitably come. The worst of it is that just when a man "reads up" on frac-

Ears: For sunnouration causing ache, give calcium sulohide a grain every half-hour till saturation is manifested.

Ears: Never let a case of deafness go till you look into the ear and find what is in it; wax, foreign bodies, cotton.



tures the first serious accident is a case of laceration and if the reading has been on wounds then someone is sure to break a difficult bone. After all when one comes to think of what can happen to people at any minute and in any old place, the wonder grows how it is there are so few pieces of "botch work" done. If anything speaks out for the training the modern medical student gets, it is this fact.

And yet with all this there is nothing the ordinary man can appreciate so thoroughly as some plain, succinct advice as to how to handle and treat the accidents which happen when least expected and prepared for. Recognizing this the CLINIC proposes to give from month to month a series of pointed practical articles on "The Treatment of Accidents." This field is such a wide one and the operative procedures called for so many and various that only such accidents as are met with in ordinary practice will be touched upon and the best treatment for any general group given without attempt at subdivision. This, the first article will be devoted to preparatory work—the instruments and appliances needed, the way to sterilize them and what to do and how to do it generally.

The first thing that the doctor who expects to get the ordinary percentage of minor surgery needs is a good and generally useful pocket-case. This should on no account be of leather or other non-washable material but should be all metal and so made that the two halves can be readily converted into solution pans. That is to say the case should open in two halves which should lie flat. In these the different instruments should be held by movable racks. Nearly all the first-class instrument

houses are now offering such cases in differing sizes and with varying contents.

Beside this case, which will contain scalpels, bistouries, tenotomes, artery forceps, needle holders, probes, catheters, needles, etc., the doctor should have handy specula (rectal and vaginal), two or three pairs of tissue and dressing forceps, two small and one medium retractors, bone forceps, syringe (two ounce), atomizer, powder blower, and a few pairs of "catch" forceps bent and straight for getting out foreign bodies, etc. Of course if he would be well provided he will have besides his pocket case a "minor operating case," but the latter—or, if this is chosen, then the former—can easily be dispensed with.

With the outfit mentioned and a few additional artery clamps one can do all the "imperative surgery" he will meet. A glass ligature tank should be carried. This can contain two, three or more sizes of cat-gut in sterile solution. Silk can be kept the same way, and with a yard of gauze, an eight ounce package of cotton, a spool of one-inch and another of three-inch surgeons' plaster, and a dozen assorted bandages, the dressings for most wounds are complete. To be ready for fractures carry either the ready-made metallic splints—and these are excellent—or a few pieces of yucca board. In case of emergency it is a good plan to have a few plaster bandages on hand but these are too weighty and cumbersome to carry about. A razor, a bottle of "surgeon's colloidion," the formula for which was given in the last CLINIC, a tube of ethyl chloride, a dusting-box filled with any good antiseptic powder, a two ounce bottle of chloroform, another of car-

Ears: We have removed from the ear ants and their clay nests, cockroaches, bedbugs, and once a woodlouse.

Ears: Never neglect to examine the nasopharynx and cure its catarrhs if you want to relieve your deaf patients.

bolic acid, a tube of cocaine tablets (for making solution), some bichloride tablets and a bottle of  $H_2O_2$  will about complete the list.

All these things should be kept in a satchel, the bottom of which either is or contains a metal pan large enough to hold all necessary instruments. For outdoor work a pocket alcohol stove large enough to boil a pint of water quickly is desirable. A very excellent article of this kind is now sold and can be found advertised in any surgical periodical.

The articles should have each its own place and this place should not be changed, and it should be made a point to keep each thing where it belongs so that it can be reached in the dark.

See to it that your fluids are kept in bottles which cannot leak—never trust to cork unless these are covered again with a screw cap. An excellent companion is one of the modern "electric torches" which give an excellent light from a small concealed dry battery.

Now, everything being in the satchel, and a hypodermic syringe and a supply of strychnine, glonoin, morphine and atropine tablets for it in the pocket, the doctor can answer a call for emergency surgical work with a clear conscience.

Upon arriving at the side of the patient make a thorough but speedy examination. Ascertain what the principal injury is and direct your attention to that. If shock and collapse are marked give a hypo. of strychnine and glonoin. If considerable oozing of blood give atropine. Pronounced hemorrhage will be controlled, if from an extremity, by tourniquet; if from trunk, by pressure direct. Any injured or twisted limb should be straightened and the patient

laid in as comfortable position as is possible.

The character of the accident will determine what instruments are needed and these should be selected and laid out in the order wanted. Supposing the injury to be a flesh wound without bone injury it will be necessary to get scissors, artery forceps or clamps, needle holder, tissue forceps, probe and needles. Into the pan the doctor will put enough water to cover these and boil them. Following thorough technique he will wash his hands first with soap and water and next with bichloride solution. Or—and this is better in this class of work, he will put on rubber gloves and follow the same course. Pending the operative procedures the lesion should be covered with a pad of gauze soaked with either carbolic or bichloride solution; and where practicable an assistant can be preparing the parts surrounding the wound by washing, etc. The surgeon's hands being ready, the instruments sterilized and needles threaded (this should be done after the hands are prepared), the latter may be laid in a weak carbolized solution till wanted. Dressings should not be exposed till absolutely needed, and for this reason if no other it is always wise to carry two or three small sealed packages of gauze or cotton than one large one.

The wound being exposed and subjected to a good light the surgeon will remove tourniquet or hemostatic clamps and locate any severed vessels. These he will twist or tie. Having made sure of these, attention should be paid to repair of any tendons or nerves, and if of importance these should be repaired. The wound if dirty must be irrigated, but if "clean" and of a character which has not called for much handling, it is

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Ecthyma: Quinine has been recommended internally, with chrysarobin locally. Let us have reports on this malady.

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Have used Cystogen in nocturnal enuresis in children, in several cases with success. Found it by accident.—H. J. Little.

best not to do this. With the fingers or tissue forceps the parts are brought together and edges approximated. If the wound gapes or is subject to muscular tension as many deep sutures as are necessary to hold the torn tissue together should be placed, and then with fine gut or silk the edges of the wound should be drawn together. Before closing the wound if any doubt is felt as to its cleanliness, pour into it from a vessel held aloft several pints of normal saline solution, or flush the field with a 1-10  $\text{H}_2\text{O}_2$  solution following with plain boiled water.

The wound should now be dried thoroughly with sterile absorbent cotton, dusted with any one of the many excellent powders, and closed. If there is much strain on the sutures this can be reduced by the use of a few strips of plaster. Should the lesion be extensive and probably infected, the lower corner should not be closed and in some cases the wound can be packed with gauze and a strip left dependent therefrom. The whole wound is covered with several thicknesses of gauze and a roller bandage applied. This in brief is the method to follow in an ordinary case of severe flesh wound. There are exceptional cases where all that will be needed is to stitch the edges of the lesion and cover with gauze—allowing the wound to heal under its own secretions—but this can only be done under the most favorable conditions and with slight wounds. It is safer to regard all accidental wounds as infected and to treat them as such.

Any deep punctured wound, from nails, splinters, bites, etc., should always be opened up, made to bleed freely and cauterized thoroughly. Silver nitrate is

not of use here as it has no penetrating effect. Preferable by far is a solution of zinc chloride (gr. 20 to the oz.). This step should be taken immediately in the case of bites from rabid dogs or other animals. These points will be taken up in detail under the appropriate heading.

In conclusion it should be remembered in all incised or lacerated wounds that no tissue should be wasted; that any tag of skin or flesh attached at all may be of service; that even severed finger ends have adhered if picked up and replaced quickly; that heat is everything at first as it starts up and maintains circulation; that a tight stitch is worse almost than no stitch; and that nothing shows the quality of work done like a healed wound.

Work quickly if you must, but never work badly in order to work fast.

Chicago, Ill.

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#### THE MENOPAUSE.

A few live suggestions: Pulsatilla for melancholy and mental depression. Cactus for cardiac irregularities reflex and nervous. Senecio for lack of tone and relaxation of uterine supports. Macrotys for muscular pains in back and limbs. Caulophyllin acts well on the hypogastric plexus and by the sympathetic on the circulatory and nutritive functions of the reproductive apparatus. Helonias, special indications, mental depression and irritability. Hyoscyamus for nervous cerebral excitement. Scutellaria when erratic, nervous and jerky, choreic, restless, a calmative. Capsella, for profuse and frequent flow, constant oozing. Bromides for waves of heat; if followed by sweating add belladonna. Cascara and pepsin for constipation and indigestion.—Watkins, *Ecl. Med. Jour.*

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In June Chicago reported 2,042 deaths, an annual rate of 13.16 per 1,000. The cool weather was merciful to the babies.

The one-daily-delivery of milk has begun to reap its harvest. Herod was more merciful in his slaughter of the innocents.—Reynolds.

## SOME SIGNS OF DEATH.

By W. C. Abbott, M. D.



**I**N the last issue of the *Medical Summary* of Philadelphia, Dr. Ben. H. Brodus, of Louisiana, who by the way is an old and experienced physician of an investigative and analytic turn of mind, asks someone to tell him of "a sure sign of death." The doctor states that the matter is to him one of the utmost importance, not only as a physician but as a father and husband. The idea that some dearly loved one has been consigned to the grave before life is absolutely extinct appalls the doctor, familiar as he is with Death, as thoroughly as it does the most unsophisticated layman. This settling of the matter of death is not so simple as it would appear at first thought; allowing that a great many of the stories we hear of people being buried alive are imaginary, or based on no better foundation than certain changes of the exhumed cadaver, it remains a fact that there have been cases in which life seemed to be totally extinct but later returned. These instances, while few, are enough to make one realize that it is quite possible to bury a person who instead of being dead is merely in a cataleptic or trance condition.

The line which divides the living from the dead is at best a fine one. One moment the eye shines forth recognition, the next the eye remains fixed upon you but there "is no speculation" in it. That which made the departed the "best-be-

loved of all living things," is gone—but, after all can one be sure that it has gone forever? Certainly it becomes the paramount duty of those left behind to make sure that it has, before consigning the clay to stranger hands or the tomb.

How shall we proceed to convince ourselves that Death has claimed his own? First, Death, to the doctor, occurs when neither heart nor lungs perform their functions apparently. The trained ear and the modern ampliphone will seldom make an error—but they could err, and, in erring, send a living being to a ghastly death.

In more than one case on record the attending doctors failed to detect the slightest sign of heart-beat or breath, but the patient later on—though duly pronounced dead—enjoyed life as keenly as ever before, and in one instance became the mother of seven children.

The changes postmortem are so peculiar to that condition that it would seem that they should not be mistaken for anything else. Take rigidity for instance; there is a certain cataleptic stiffness, which while resisting passive motion will yield to force, and the limb then remains in the new position. Rigor mortis on the other hand if broken does not return. The change in the eyeballs does not occur in catalepsy. If life remains in the body there will not be that peculiar glassy, flaccid, "dead" appearance of the eye, which always obtains in the cadaver after a few hours. Neither in catalepsy nor any other state of suspended animation will the body acquire the coldness of the corpse. Thirty-eight hours may elapse in exceptional cases before the body becomes perfectly and

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The West Virginia Commission to the World's Fair, St. Louis, will open headquarters in Parkersburg, July 1.

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A feature of Wyoming's exhibit at the World's Fair will be a large collection of colored photographs of Wyoming success.

cadaverically cold, though as a rule this happens in from seventeen to twenty-four hours.

In eight to ten hours even a body lying on a board covered with a sheet will be cold to the touch.

More or less flaccidity and opacity will also be apparent in the eye in this space of time. The triangular spots which have been spoken of—first by Larcher—as being always present in the eye of the dead, are often lacking. When present, these, which are yellowish, bluish or black triangles, with the base at the margin of the cornea and the apex towards the external canthus, are positive signs of death.

It should be borne in mind that the new-born and infants become cold and rigid more quickly than adults.

The passing of a thermometer into the rectum will easily determine whether there is internal warmth. The organs cool several hours later than the body. Clothing and coverings also lengthen the period of remaining warmth. The muscles will respond to electric currents not longer than eight hours postmortem. The pupils will react to light for two hours, to atropine for four and eserine three hours after death.

As soon as death occurs, the skin loses its color and an intense pale color prevails. That portion of the body which is uppermost will contrast with the lower, into the vessels of which the blood flows by gravitation and there remains, setting up a condition of hypostatic congestion which is evidenced by streaks, patches and spots. These at first are light in color but later become reddish blue or even black. Early, these can be made to disappear by pressure; but

later, when the process of decomposition has begun and the serum takes up the coloring matter of the blood and carries it into the tissues, they become permanent and are another sure sign of death.

Taking one thing with another and avoiding lengthy descriptions of conditions which are present, together with absence of heart and lung-action, in all dead bodies, it is safe to say that if rigor mortis exists, or has existed; if there is cadaveric coldness—not only of the exterior but the interior of the body; if the eye be flaccid and opaque, and refuses to react to light or atropine; if the blood refuses to flow when a vessel is severed and if upon looking at the fingers or hand against a light there is no sign of pink, then that person is dead.

The test of holding the fingers against a light is considered final, for the peculiar pink tinge, with which we are all familiar is entirely absent from the edges of the digits after death. However, in some few cases of syncope, the same absence of color has been noted, so it cannot alone be called final. One method, which is certain though slow, is to stick a bright steel needle into the biceps and leave it there for a time. If, on withdrawal it has oxidized, as evidenced by a dark color, life is present. Pins, to which little flags of paper are fastened may be stuck in the chest wall over the heart; if there is the slightest action there, the pins will show it by moving to a greater or less degree. A ligature thrown around the finger of a living person will cause the part tied off to swell and become purple. No effect postmortem.

Perhaps the most conclusive of single tests is the placing of a little metallic



The Irish Department of Agriculture will make a special exhibit of Irish industries at the World's Fair.

The seventh congress of the North American Skat League will be held at the World's Fair, St. Louis, next year.



mercury (quicksilver) upon the epigastrium; the very faintest respiratory movement will cause the metal to roll off. As there can be not the slightest question that life is extinct in the person who has absolutely (not only apparently) ceased to breathe, this test, if properly applied, is alone final and absolutely certain.

In all cases of doubt several of these tests should be made and if there remain the least uncertainty then the body should not be given to the embalmers or shut off from the free air until absolute signs of dissolution are plain.

The writer remembers well being told in a small Canadian town some years ago that a certain man was buried alive though the doctor insisted he was dead

as Job. One man, who was present at the time the coffin was closed, said that the hand was not only limp but not cold and that the face had not changed. Many protested at the time of burial but the man was interred. The widow died a year or two after, and on opening the grave curiosity led the diggers to open the man's coffin. They declare that the body was turned on its face, that the tongue was clinched in the teeth and the nails in the palms, and that there was every sign of a horrid struggle for life. This is, of course, "hear-say;" but it makes one, like Dr. Brodnax, feel that such a thing might happen and that it must not be to one of our dear ones, if it does.

Chicago, Ill.

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#### AN OPINION RELATIVE TO "SLASH" SURGERY.

"I wish to give a word of endorsement to your article on "Blood Thirst" page 659 of the July CLINIC, especially to what is said after: "Now we did not start in." There certainly is a great deal to "the healing art" beside the surgery part. And I for one object to the all-too-obvious attempts of many surgeons to create a general sentiment that surgery is the whole thing. It is too clear a case of the tail wagging the dog.

The truth is, that the course pursued by the surgeons generally and also by many half-educated and thoughtless general practitioners, of belittling medicine and unduly exalting surgery, is injuring not only the unhappy patients who are compelled unnecessarily to suffer, but is tending to bring the whole practice of medicine into undeserved reproach.

Happily a reaction is setting in; warn-

ings are being sounded, not only by the professional but also by the lay press, and should be heartily endorsed by every lover of the profession.

I enclose a clipping from the *Spokane Daily Chronicle* of July 17th, to show how one lay editor views the situation. And he does not put the case a particle too bluntly nor is it greatly overdrawn.

R. S. CLASON, M. D.

Spokane, Wash.

The editorial the CLINIC correspondent refers to is given in full herewith:

#### SCIENTIFIC SLAUGHTER.

Week after week the brave work of curing Spokane people of real or imaginary ills by carving them to death goes forward merrily. Week after week adds to the long list of "difficult" and "unusual" and "successful" surgical opera-

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A locomotive testing laboratory will be a feature in the Transportation building at the World's Fair, next year.

A dog show will be a feature of the Live Stock exhibit at the World's Fair, next year.

tions. Week after week the lines of graves stretch out farther and farther in Fairmount and Greenwood.

Necessary surgery is a great boon. Scientific surgery is a grand triumph of human skill. But much of this slashing of human beings that is going on in Spokane is not necessary; it is not scientific; it is not humane. It is mercenary in its motives; it is reckless in its methods; it is murderous in its results.

This city contains doctors who are conscientious in their work—noble, generous men, who would be ornaments to any profession or any community. There is sad reason to believe that it also contains some who have little hesitation in needlessly imperiling the lives of patients if by so doing they will gain an opportunity to collect fees of \$200 to \$500 from the person to be carved or from his executors. The tendency to urge people to undergo surgical operations that can be readily avoided; the tendency to lie to a patient as to the gravity of the risk he is asked to take; the tendency to hide the real cause of death by calling it "heart failure" or "anaemia" or "fever," instead of confessing honestly that the victim was killed by a surgical operation—these tendencies are costing too many lives—have been endured in silence too long. It is time for vigorous protests against the wholesale cutting and slashing which is now so much in fashion—time to call for less false "science" and more common sense.

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We particularly wish to call attention to an editorial which appears in this issue of the CLINIC, as in this editorial the CLINIC's views of the subject are



Austria will participate officially in the World's Fair. A representative will be appointed shortly.

fully expressed. Surgery is a glorious science. Medicine is great enough in itself, and the two combined form the greatest profession upon the earth, but the man who follows surgical ideas to the exclusion of therapeutics, and the therapist who trusts only to his bottles and belittles the utility of the surgeon's knife, are equally wrong. The two are coequal and coefficient in the alleviation of diseases, and the successful doctor is the man who can practise either or both with reasonable skill.—Ed.

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#### NOT A SPLINTER BUT A COMPLETE FISTULA.

June 3, 1902, Mr. C., age 35, came to me stating that he had a splinter in or near the anus which was giving considerable trouble and had been for several months. An examination showed the trouble to be due to a complete fistula, opening externally about one-half inch above and to the left of the anus, and internally  $1\frac{1}{2}$  inches up the rectum.

Not being prepared to operate and having no peroxide, I took equal parts of Ecthol and Listerine, and gave the fistula a thorough cleansing. Then "loading" my aspirator with carbolic acid I introduced the needle up to the internal opening, and gradually withdrew it filling the fistula with the acid as I did so. I saw the patient five days later and repeated the "dose," with instructions to come again within five days. But he failed to do so and when I saw him a week later declared that he was "sound and well," which I did not believe until I made an examination and found his statement correct. That was over a year ago and

The Liberty Bell will rest in the center of the rotunda of the Pennsylvania building at the World's Fair.

the patient hasn't been troubled with a "splinter" since.

Now, I wish to say that the above treatment was an original idea of my own, for I had never heard of its being tried, though it may have been at that time a back number with many M. D's. If not, I would like some of the many CLINIC readers to give it a fair trial and let me hear from them.

J. H. WOOD, M. D.

Dahlgren, Minn.

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#### THE TREATMENT OF THE UMBILICAL CORD IN ANTIQUITY.

A Biblical study from the original with reference to the subject in the title brings us to Deuteronomy 28: 56, 57. I translate from the original. It occurs in a section of Moses' farewell communication to the children of Israel, wherein he threateningly predicts the terrible war and invasion calamities that would overtake them if they should become disobedient to Jehovah's commands and statutes. It is as follows: "Thy delicate and indulged female who never tried to stretch the sole of her foot upon the ground because of indulgence and tenderness, her eye will become evil against the man of her bosom, and against her son and against her daughter; and against the afterbirth that goes out from between her feet and against the children which she will beget, for she will eat them in secret for want of everything in the siege and distress where-with thine enemy shall distress thee in thy gates."

From the juxtaposition here of the afterbirth and the born children including as it must the cord between them,

we may reasonably conclude that the common practice was not to sever the child from the placenta before it was expelled; for the expressions of a people's speaker naturally shape themselves from the object and practices of the people's every-day life. Still this is not so decisive as the passage in Ezekiel 16: 1-6, which was written by him 857 years later, or 594 years before the birth of Christ. It reads thus:

"And the word of Jehovah came to be to me saying: 'Son of Adam cause Jerusalem to know her abominations, and thou shalt say: Thus said the Lord of Jehovah to Jerusalem; thy origin and thy birthplace are from the land of the Canaani; thy father is the Emori, and thy mother the HHiti woman. (See Numbers 13: 29, "The H Hiti, the Jebussi, and the Emori," and compare with Joshua 18: 28, "and the Jebussi she is Jerusalem." From this it is evident that the poetic fiction made the Emori and the H Hiti the father and mother of Jebussi—Jerusalem, and she in turn figuratively represents the people Israel.) And oh thy birth on the day of thy being born. Thy navel he did not sever, and with water thou wert not washed to supple thee (*i. e.*, at and after being dried), and salted thou wert not salted (*i. e.*, about the severed cord as an anti-septic), and to be bandaged thou wert not bandaged (*i. e.*, around the body to keep the stump of the funis in place). No eye had pity on thee to do unto thee any one of these things for compassioning thee; And thou wert cast out upon the open field with contempt at thy living soul on the day of thy being born; And I passed by thee, and saw thee trampling thyself in thy blood; And I said: Live thou in thine (own) blood;

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California Day at the World's Fair will be September 9, the 54th anniversary of the admission of California to the Union.

A topographical map of the State of Alabama will form a part of the state's exhibit at the World's Fair.

And I said: Live thou in thine (own) blood."

The poet prophet pictures here a newborn babe with funis and placenta yet attached to it, left exposed on the bare ground of the open field; the babe kicking against the placenta and tearing it so that it bled, and the danger was that by the unclosed two hypogastric arteries and their torn ramifications in the placenta the child might bleed to death. And so he thought, and thought quickly and persistently, "No. Die not by but live thou in thine own blood," It was an emergency case, and what must he have done when he saw the navel string unsevered yet? He must have severed it. With what? No doubt with a sharp flint stone, as they did in circumcising (see Joshua 5: 2-3), to make a lacerated unbleeding wound.

It seems therefore plain, that tying the cord was not the practice of the antiquity we have here. And of course it was not severed before the expulsion of the placenta.

I would be tempted to translate further and further from that interesting chapter in which there is some antique sexual and social lore, but I must desist, as there is no alkalometry in the subject to allow me more space.

DR. EPSTEIN.

Ravenswood, Chicago.

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### SEPTICEMIA.

I have no apology to make for offering the "old, old story" for your consideration. I am indebted to the CLINIC for many helps in general practice.

The particular case to which I shall call your attention, is unfortunately of not uncommon occurrence (the source

of infection), but if doctors would be more careful to instruct their patrons these cases would become much less frequent.

I was called to see a Mrs. M., aged 28, of good family history, healthy and the mother of three children. There is no history of trouble at either birth; her baby being nine weeks old at the time of commencement of present illness. She made a good recovery from this confinement and was about the house as usual. When I was called to see her some three weeks after the commencement of her trouble, the doctor had told the family she could only live a few hours.

I found her in a dying condition, listless, heedless of what was going on around her, limbs cold and clammy. Right leg, below the knee gangrenous, numerous spots about the body looked as if blistered. In a few days these spots broke down into deep sloughing ulcers. Under the free use of stimulants, salt-water bathing, etc., she rallied from her stupor and continued to improve; soon the surgical line for amputating of right leg and left heel was well established, and the deep ulcers all gave evidence of improvement. At this time I was discharged from the case and the former doctor finished the good work for me.

The point I wish to bring out is, this being clearly a case of sepsis, where did the *materia morbosa* come from? Her recovery from her confinement was good. Sanitary condition of her country home is also good. In summing up the case I found a horse with a sore shoulder. The husband cleansed this sore every day, and farmer-like, he doubtless felt the desire to urinate after this work and without cleansing his

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Sweating, blistered or stinking feet: Wash with warm water, dry, then paint with creolin, daily till cured.—A. S. Cantrell.

Irritable bladder: Saw palmetto, sandalwood and corn silk, with atropine and bromides, give good results.—G. W. Potts.

hands handled his parts, all unmindful of the virus that remained there, and in this manner conveyed the virus to the delicate mucous surfaces of the wife which at the time may have been abraded or at least in a state to absorb what might be presented. I have found many other similar cases that I am convinced have been engendered in a similar manner.

I believe it the duty of every physician to enlighten his patrons on this subject. Antiseptic cleanliness will prevent many serious cases of female troubles. I have used various agents, for this cleansing purpose with varying results. Recently my attention has been called to a "safety" tablet, a tablet designed for the prevention of sexual diseases. They so admirably cleanse these parts, and destroy all germs of disease, that I was induced to give them a trial in obstetric and gynecologic work; and I am convinced if doctors will use these tablets in cleansing the parts after confinement and abortion they will have no more "childbed fevers."

Many thanks to the brethren for their helps through the CLINIC.

J. FRANKLIN NOLAND, M. D.

Logansport, Ind.

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Any efficient antiseptic will do the work. We need no "secrets."—ED.

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#### A CASE OF "TWO OF A KIND."

It seems that every doctor sometime during his life runs up against a stump, or gets his "cork bobbed;" at any rate it seems so when we see the number of "remarkable" or uncommon cases, or cases not described in the text-books.

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For watery discharges from the bowels of either adults or children, give atropine until mouth dries.—G. W. Potts.

On the second of last February I was called out six miles in the country to a lady supposed to be in labor, and found her suffering with pain in the abdomen, cramping of the feet and legs, and considerable hemorrhage. I found the uterus high up and no dilation of the os. I gave her a hypo of morphine, gr.  $\frac{1}{4}$ , and a douche of warm water. About three hours after that the woman got up and cooked breakfast for her family, and had no more trouble until the night of the twelfth, when I was called in again and found her in true labor.

I found a head protruding, a considerable pile of blood-clots on the bed and the vagina full. I did not say anything to anyone, but turned off to prepare my forceps for application, and before I was ready to return I heard the woman squall and the baby cry; a few quick moves and I had my hand on a six-pound boy, everything covered with blood and it still coming. I severed the cord, felt for the placenta and found the breech of another lad.

Now was everything but "fun time." Sacrum to left of acetabulum, and the forceps would not hold; after working and twisting him about a while I succeeded in getting a foot and pretty soon had another boy, but no pulsation in the cord (and never did I get any) and none in the baby. Can you or some one of the CLINIC family tell me the cause?

The child was well developed and must have been alive until at that time.

By now the mother was pretty well exhausted and the feet very cold. Half a dram of ergot was given by the mouth, 20 minims hypo. in the outside of the thigh. The placenta was found loose in the vagina and taken, the womb cleaned out, and friction made for a few mo-

When the crisis of a lobar pneumonia is due, stand by to support with atropine and strychnine.—G. W. Potts.



ments when it contracted nicely and the woman made an uneventful recovery.

But the remarkable part of the case was, I got a red steer calf for my service; and I turned him in the pasture at home and he got out, and I haven't seen that blood-red steer from that day till this. This case may not be remarkable to you, but it was to me; but I suppose there are many cases remarkable to me that would not appear so to you.

W. A. ROBERTSON, M. D.

Kirbyville, Mo.

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The second child was blood-drained by some break in placenta. Just what caused the trouble is doubtful. It was a nasty case at best.—Ed.

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#### SOME UNUSAL OBSTETRIC CASES.

I have been in practice over twenty years but have never been much of a reporter of cases, although I have received a great deal of help from my journals; one of the best of which is THE ALKALOIDAL CLINIC. Having had some experience in obstetric work I will report three severe cases.

Case I. In August, 1889, I was called to attend Mrs. J. in her first confinement. The only thing that made me feel uneasy about this case was the woman's age; she was 36 years old. I found a normal presentation and good, strong pains. All went well for several hours and then there was a rupture of the "sack of waters." Contrary to expectations the progress of the child seemed to stop at this time though there was a well-dilated os.

Labor coming to such a sudden stand-

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To prevent post partum hemorrhage, hypomorphine gr. 1-4, atropine gr. 1-50, strychnine gr. 1-50, Ergotole m. 20.—G. W. Potts.

still I decided to use instruments and called another physician to assist and administer the anesthetic. I applied the instruments without any difficulty but found, after a few minutes' work, that we had a much harder case to contend with than we first thought. As my assistant was an older man than myself I asked him to attempt the delivery of the child, this he did, but after some pretty careful but hard work he also failed to accomplish the task.

I then began my second attempt, but had hardly done so when the doctor called my attention to a sudden change in the condition of our patient. I will say here, that during our efforts to deliver with the instruments the pains were very regular and strong. When the sudden change came the woman seemed to pass into a state of collapse; pulse was rapid and very weak. Anesthetic discontinued and all further efforts to deliver abandoned. Stimulants and other restoratives used and other council called. Transfusion of normal salt solution was performed but as there was a rupture of the uterus or some blood-vessel at some point, the salt solution drained right away as the blood had done and the patient sank and died without being delivered. An autopsy was not allowed.

Case II. This case I was called to on July 4, 1892. Mrs. M., age 42, had borne two children previously without trouble. For about three years previous to this gestation she had had rheumatism and it had deformed her pelvis. Being a poor Italian family they did not at first seem to understand the dangerous condition that existed. As soon as I found the true condition, I called two other physicians in consultation. Version was decided upon and was accomplished

Post partum hemorrhage: The best preventive is not to allow exhaustion and relaxed uterus to occur.—G. W. Potts.

as far as the delivery of the child's body was concerned, but before the head could be delivered the patient sank from exhaustion and died.

Case III. Was called to this case May 4, 1899. Just as this messenger left the house another one came from a place a mile or so beyond, stating that a woman had given birth to her child all right but that the afterbirth had not been expelled. I answered my first call and found a normal presentation, pains strong. This was a young woman in her first confinement. As everything seemed to be well with her I hastened on to the next case, with the assurance that I would soon return and would be back as soon as would be necessary. Patient number two was soon made comfortable and I returned to finish the work with patient number one. Upon careful examination I found that the sack of waters had ruptured and that we had a dry labor to contend with.

As this was a condition that I had encountered many times before, I did not think it serious and so did not inquire as to the length of time that had elapsed since the waters had ruptured. The couple being young people and somewhat shy about talking to the doctor, and this, also, being their first experience in the birth of a child they failed to tell me that the sack of waters had broken about ten days or two weeks before, and that during this time the water had been dribbling away almost constantly. Here I found again that after a reasonable time the child did not advance as fast as we should expect with no apparent rigid condition of the os. More careful examination of the fundus disclosed the fact that there was but little if any water left around the child. Upon inquiry I

then learned the length of time that had elapsed since the sack first ruptured.

Feeling that something must be done right away council was obtained and it was decided to use instruments. These were applied but to no avail. Then version was attempted but the womb was so closely moulded to the body of the child that that procedure had to be abandoned also. During these efforts another physician had been sent for and as he was fresh for the work he was requested to try and deliver the woman in some way. The child was then taken away piecemeal. The mother not having a strong heart sank from the excessive shock and died about three hours after the delivery of the child.

These are my losses at time of confinement. If this report has not been too long I may be induced to report some others that were very severe yet terminated more favorably for both mother and child.

W. E. McCHESNEY, M. D.  
Niagara Falls, N. Y.

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By all means, Doctor, report those other cases for the CLINIC family's benefit.—ED.

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#### WHAT "APLOPAPPIN" IS.

In answer to many scores of inquiries the following data (all we have) relative to "Aplopappin" is given.

Aplopappus, *Aplopappus Laricifolius*.  
Synonym: *Herba Del Pasmio*. Nat. Ord. *Compositæ*. From Texas, Mexico, Arizona and California. This is supposedly related to Damiana. Ellingwood speaks of it as being useful in chorea and convulsions—epileptic, hysteric and puer-

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To abort colds: Atropine, aconitine and gelsemium; with emetin if the latter is needed for the cough.—G. W. Potts.

When a dose of glonoin in liquid form is dropped on the tongue the action is as quickly shown as if given by hypo.—G. W. Potts.

peral. Its antispasmodic properties have been proven by many marked cures. It deserves thorough investigation. Webster and others mention it as a cure for tetanus. The Spaniards and Mexicans use an infusion as a specific in convulsive states. In this country it has been used chiefly as a reliable oxytocic. In postpartum and post-abortive conditions where there is a flaccid uterus and retained membranes or debris full doses will cause—usually within fifteen to twenty minutes—contraction of the circular fibers of the uterus, beginning at the fundus and “working down,” with the result that all the uterine contents are expelled and a firm and lasting contraction of the womb follows. It has not in the writer's experience caused any unpleasant symptoms with the exception of a slightly quickened heart. The powder is most rapid in effect (dose 10 gr. repeated in fifteen minutes), but to maintain effect or for use in epileptiform or choreic conditions the syrup is the most useful preparation.

This remedy is prepared by The Pacific Coast Pharmacal Co. of Chicago, possibly by others we do not know.—Ed.

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#### UNPRINCIPLED COMMERCIALISM THE BANE OF THE MEDICAL PROFESSION.

In reading an admirable article in a recent CLINIC upon the treatment of venereal diseases, I was reminded of a conversation I had with some young men recently at a summer resort. These men like so many others were ever ready to engage me (because of my profession) in conversation upon the inexhaustibly interesting subject of the re-

lations between the sexes. After a few pertinent questions concerning the advisability of total abstinence from illicit sexual intercourse, putting forth such arguments in its favor as are usually put forth in the universally distributed pamphlets of charlatans, namely, that it is unhealthy for any normal man to refrain from occasional sexual indulgence, even though it be clandestine, and that nocturnal seminal emissions tend towards mental deterioration, I felt called upon in the interest of suffering humanity to deliver myself of an extemporaneous oration (if I may elevate it to so high a dignity) upon the all-absorbing topic of sexual ethics.

I dwelt at length upon the terrible consequences that inevitably follow the contraction of venereal diseases, the endless train of feminine victims, the malformed and stunted offspring, the hopes of happiness that are an inherent part of women's make-up which are so often blighted, the regrets of the perpetrator of these unmentionable crimes when he is informed by his physician that he is the author of all these miseries by virtue of his thoughtless indiscretion, etc. I closed the conversation by advising them to curb their animal propensities until they were prepared to marry, by directing their thoughts from base passions through the cultivation of the intellect, by means of wholesome reading, at the same time recommending certain books of fiction that I knew possessed the qualities for mind transformation to stimulate higher ideals.

All this information and advice was given with a purely uncommercial spirit, notwithstanding the fact that I was transgressing the edict of some of the older heads in the profession, not to give

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Convulsions resisting chloral and morphine yield quickly to apomorphine gr. 1-10 by hypodermic route.—G. W. Potts.

The Michigan legislators are considering a bill to provide for killing hopelessly imbecile or insane children.

advice free of charge. When I had finished I was informed by the young men that their family physician positively condemned all men who abstained from promiscuous sexual congress through fear of contracting venereal diseases, appending to his condemnation the statement that should such a mishap occur they could be cured by him in three days; and this in the face of his knowledge of the intractability of venereal diseases.

Now, think of it a regularly licensed practitioner, the medical advisor of many families, imbued with such a sordid sense of the medical man's office in the community.

How many lives can a single man with such mercenary motives shatter? How many skeletons will he put into the closets of the families of his neighborhood by such advice? What manner of temple will he have who builds upon such debris? He had well hearken to the Master's warning, exhorting us to build not upon the sand lest the stream wash away the foundation, but to build it upon a rock of honesty, equity and uprightness, lest it be precipitated to the bottomless abyss.

LUCIUS H. ZEUCH, M. D.

3160 Ashland Ave., Chicago, Ill.

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#### IMPERFORATE ANUS.

I have been taking THE ALKALOIDAL CLINIC for several years and have been a subscriber for your much appreciated SURGICAL CLINIC ever since its first edition. Will say that if I was compelled to do without them I would feel like quitting the practice of medicine. I find so many helps in them that it don't seem as if I could do without them and won't

do without them as long as I can get \$1.00 with which to pay the subscription, and if I was to become so poor that I could not raise the \$1.00 I believe the good Editor is so open hearted that he would send them anyhow. The little granules are great favorites with me. I first saw their use taught in your journal. How convenient and certain they are.

In September, 1895, about four p. m., Mr. W., called at my gate and asked me to attend his wife in confinement. We started in haste to go a distance of about two miles. Upon my arrival I found the patient in first stage of labor. Everything progressed satisfactorily until in the turn of the night, when perineum was distended to its full capacity, and no further progress was made. Concluding that gravity would be of advantage and having no forceps with me, at the patient's request I had her placed on her husband's lap, and to my surprise in less time than it takes me to write it she gave birth to a 13-pound male child, apparently well developed in every way except slight talipes, of the right foot.

Since then I have met with several other ladies that will not willingly take any other position, and I have never had any bad results from said position. I know this is contrary to theory. Teaching tells us that there is great danger of rupture of the perineum, but, brethren, my experience has been to the contrary. What say you? I know some will criticise, but experience is the best school I ever learned in. I forgot to state that the patient was 22 years old, second confinement, weight 140 pounds, height five feet six inches.

But here comes the peculiarity in this case: I had been taught in college to always examine for imperforate anus,

“Esau wrote a lot of fables and sold the copyright for a mess of potash.”—A Boston Sunday-School scholar.

Buchanan cures night blindness by half a pound of fried liver a day for six days. Not a hard thing to take.

but, like a great many other things that I had been taught, I did not expect ever to meet with such conditions in a lifetime's practice.

I heard nothing more from my patient until the second day, when the father came for me saying the baby was vomiting. I made inquiry concerning "baby's bowels," whereupon they informed me that they were all right. I of course thought the vomiting due to irritation of the stomach and prescribed accordingly. Next day the father called again and wanted me to go and see the baby, saying it "had no place for its bowels to move"—using his own words.

I found no trace of any anus, the place where it ought to have been was as smooth as the palm of your hand. I know that meconium had been passing for I saw it on the linen when removed. I also saw it passing at the meatus. Operation failed to secure any opening to the rectum. The baby lived 11 days, passing the discharges by way of the urethra as long as it lived. Could anything have been done to save life or make its existence useful? And what was the cause of the above described condition? Where did the rectum terminate?

I would like to hear from the readers of the CLINIC whether they ever witnessed a case like the above? It is common to hear of imperforate anus, but it seems to me that the condition that existed in this case is not at all common.

C. H. PATTERSON, M. D.

Fallsville, Ark.

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#### HAVE YOU HAD AN "IMPERFORATE ANUS" CASE?

A CLINIC subscriber writes an account of a child born in his practice with not

the slightest sign of an anus. Meconium was passed via the urethra and examination convinced the doctor that the rectum was altogether missing. The child lived fifteen days as it was and the question raised by the correspondent was "would an operation have saved life?"

The proportion of cases of imperforate anus is exceedingly small. In a series of some two thousand deliveries Anger met with five malformed *ani* but another careful observer states that in 75,000 obstetric cases there were but seven abnormalities of the anus or rectum. Perhaps it would be about a fair average if one case were allowed to every 5,000 births. In all these congenital cases there are varying conditions present. In some the rectum is but little, if any, involved and the covering of the anus is merely a membranous growth. In others the rectum ends at some distance from the anal site and in others the gut empties preternaturally into the bladder urethra or vagina or, it may be, into a *cloaca* in the perineum together with the vagina and urethra.

Thus it seems to have been in the instance above recorded and the operation necessary to give even a chance of relief would have been so serious that only an expert surgeon could hope to attempt it with success.

The most rare of all forms is that in which the rectum is normal but has the vagina or uterus opening into it. Next to the form in which there is merely an absence of the normal anal orifice with a rectum ending some distance above, the most usual of these malformations is that one in which the anus is entirely wanting and the rectum empties its contents into the urethra or vagina.

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To remove superfluous hair: Wet cotton with hydrogen peroxide, and apply a few minutes daily for a week or more.

Haslam praises copper arsenite gr. 1-100 every hour, in typhoid fever. The action on the tongue is an index of effect on bowels.



In Matthews' new work "Diseases of the Rectum, Anus and Sigmoid Flexure," there is a chapter dealing with this subject; and Ball in his work, "The Rectum and Anus," deals with the condition at length. The practitioner who has the misfortune to have a case of imperforate anus with absence of the rectum should not hesitate to tell the parents that there is but a slight, if any, chance for the child's life. The operation for remedying the defect, if not fatal (as it usually is) still leaves the little patient in anything but an enviable position. Cripps says, "the only effect of successful surgical interference is to condemn the infant to a life of misery and torture from a contracted anus or an artificial opening in the groin." "And," he proceeds, "it would appear that it is not the province of the surgeon to constitute himself the arbiter between life and death."

Thus it will be seen that in these unfortunate cases the parents must decide whether they prefer the little one to die peacefully and without suffering or run the risk of death under the surgeon's knife with nothing better to look forward to but a life spent in struggling with a most abominable and painful defect. Personally the writer's opinion is that the operation should only be done in cases where the life of the child is of extreme importance.

The less serious cases where the anus alone is imperforate will of course call for prompt surgical interference and unless the rectum is far removed the chances for securing a "working apparatus" are fairly good."

Those members of the CLINIC family who have had the misfortune to meet

with an emergency of this kind will confer a favor by telling their fellow practitioners what they did and what the results of that work were.

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#### SOME PRACTICAL POINTERS.

Carbolic acid burns may be thoroughly antidoted by a mixture of cider vinegar and water, equal parts, which can be used internally or externally. Apply in form of compress, externally. Hot water fomentations applied to painful sprains, bruises, or on wounds, will accomplish better results in the saving of time and relief of pain than almost anything else that can be mentioned. In giving oil enemas, use a glass piston syringe holding a couple of ounces of oil, the oil to be retained at least half an hour, when an enema of hot water should be given. The use of a piston syringe for oil has several advantages over the usual methods,—the fountain syringe or the funnel generally employed in hospitals,—as they are both very slow in operating, and the oil soon rots the rubber of a fountain syringe used for this purpose.

Recollect that colonic flushing does not interfere in any way with internal medication, but, on the contrary, opens up the way for the perfect working of any medicine administered. For burns use crude vaselin with calendula, ten per cent,—and carbolic acid, two per cent; mix thoroughly. Before application is made, have where possible the part thoroughly aseptic. Burn to be dressed daily or once in two days as circumstances may warrant. To remove dirt or fresh powder stains from the skin, I know of no better nor simpler method than to use a new tooth brush,

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It is only those with hard heads who try to butt against fate.—Bryce, *Southern Clinic*. That's the way to harden heads.

If a man in active practice did nothing but try samples every day, it would be about all he could do.—*Southern Clinic*.

antiseptic precautions to be taken as a matter of course. I have tried this on a badly disfigured face with perfect results.

C. SPENCER KINNEY, M. D.

Easton, Pa.

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### ARE WE FORGETTING TO PRACTICE MEDICINE?

In a letter to the editor of the CLINIC an old-time doctor writes: "I want to tell you that my results with the alkaloids have been all that I or you could desire. I have been in practice for about thirty years and am personally well pleased with my work. Of course I have to some degree become tied up to certain methods that have always given me good results.

I do not know whether I could do any good in medical circles by spouting my lack of knowledge in the medical journals or not. Most physicians of the present day imagine that they know it all and they will probably die thinking that way. I do not like the medical teaching of to-day in many respects. In fact I have so little respect for it that I feel better to not read much of the standard medical literature.

Good-bye, "Ego!" I am much pleased with your style of "throwing it into them."

Surgery is more or less progressive and scientific, but medical teaching seems to largely languish. Jealousy, commercialism, and policy or discretion, rule and ruin everything. The teachers have cast medicine overboard and taken up "serum therapy." Fifty years or less hence, educated men will look back and feel a degree of contempt for the doctor of the present day who did not place

himself on record against it. It is a stumbling-block in the way of antiseptic medication as revealed by our modern lights.

But perhaps I have expressed myself a little too freely. You may not agree with me in all. A thrust that raises my red hair is like that contained in "Therapeutic Notes," page 40 of the April number. It is false from beginning to end, although it is possible that the editor does not know it. The medical profession is badly divided."

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Yes, we can thoroughly understand that the man who has been in practice for thirty years has certain methods that he would not change for anything else willingly, but at the same time, Doctor, the more experience a man has the more he realizes the fallibility of the old-style method of medication. The results you have had with the alkaloids seem to have been satisfactory and we are hoping that you will even yet come to realize the fact that in alkalometry you have the only certain method of medication extant. We have too high an opinion of your ability and experience to attempt to tell you why, and we only ask that you will try the alkaloids in some few more of the cases that hitherto have proved somewhat rebellious to drugs. We are sure that after a short time you will use nothing else.

Doctor, your "ego" is all right. Don't be afraid to talk "I" once in a while. We are trying as you say to act as educators, and we are anxious to make the CLINIC just as important to the profession as we believe Alkalometry will become. Medical teaching does "languish" and it is men like you, Doctor, who must change that condition. Tell the youngsters in

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The idea seems prevalent that the first consideration is to get something new.—Bryce, *Southern Clinic*.

Send for a copy of *The Hoppergrass*, published by the little Bryces at 123 E. Broad St., Richmond, Va.

the CLINIC what you have done and are doing, and it will benefit them and prove of interest to your self. There is nothing like reviewing one's past actions to better those of the future.

We are inclined to think you right as regards "Serum Therapy." It is becoming one of the wildest "fads" that the profession has ever "run up" against.—Ed.

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### ARE THE ALKALOIDS "BITTER PILLS TO SWALLOW?"

A correspondent writes to the CLINIC recently: "I want to ask a few questions. Are the alkaloids of the ordinary drugs as bitter and nauseous as the whole drug and if so what will best disguise the taste when given in solution? Are glucosides soluble when triturated in syrup or water?"

As just such information is asked by those who are just beginning the use of the alkaloids, week after week, it seems that it would be well to give the answer to the doctor's questions here.

The alkaloids of nearly every drug are bitter more than the crude drug as a rule. Strychnine, morphine and quinine are all well known instances of this, but the dose is small, and it is coated so that it need not be tasted. Where given in solution the bitterness need not be appreciable for the simple reason that the dilution can be considerable, and you can use flavoring and sweetening to suit yourself or the patient. We are well aware that sometimes it becomes almost a necessity to dispense remedies in fluid form. The patient demands bulk and where this is the case almost invariably he also demands something nasty for his money. For these people one can put up a nice bottle of a green peppermint,

clove or wintergreen flavored concoction, which is warranted to do the work even better than the mixtures of the pharmacists for the simple reason that no matter how gaudily colored, flavored or sweetened the vehicle, there is, to each dose the desired amount of the active principle called for in the case, so if one does not want to give the granules (and that certainly is the ideal way of administering any kind of medicine) he can give them in the old-fashioned style, and yet be sure of getting better results than he could with the crude drugs.

Glucosides and resinoids are not soluble in water as a rule. Alcohol will dissolve many of them. Glycerin will dissolve some more of them and, by the way, let us call attention to glycerin as a most useful and little appreciated remedy. Those that are not soluble in this menstruum will dissolve only in oil.

Tables of solubility can be found in nearly all *Materia Medicæ* and "Dose Books," but we will make a point of publishing in some near issue of the CLINIC just this information dealing with the principal remedies of our list.—Ed.

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### APPENDICITIS CURED BY COMMON-SENSE MEASURES.

As I do not see very much in the CLINIC on this disease I have determined to hand to the readers of your valuable journal my experiences with a case I had not long ago. I shall start and give you the symptoms as found at first, not because I think the CLINIC readers are not familiar with them but because I want to impress the case deep into their minds.

March 21, 1903, I was called to see a man about 35 years old. He had al-

Recent investigations seem to show that renal cells excrete from the blood regardless of blood pressure.—*St. Louis Cour. Med.*

Sajous suggests as cure for cancer adrenal stimulus, iodides, hypodermoclysis, and the x-ray.—*Cycl. Pract. Med.*

ways been very stout and healthy before, except for a few cases of "bilious colic." These colic spells bothered him about once a year and lasted for a day or two. This was what bothered him now, but the attack seemed to be more severe than ever before.

I at once began a careful examination as I always do, and found a very severe abdominal pain, which was diffuse, with nausea and vomiting. There was also constipation. I should add that the abdominal pain was decidedly sharp and colicky. On palpation I found localized tenderness located over McBurney's point. Rigidity of the right rectus was also marked. The temp. was at this time 101 F., pulse 98, tongue moist and furred. He was very restless and had the right leg drawn up. I diagnosed the case as appendicitis, and there being no surgeon at hand proceeded to treat the case medically.

I believe Osler when he says, "there is no medicinal treatment of appendicitis," but I advised the man to lie still in bed, take no food by the mouth except soups, and very little of that. I fed him predigested food per rectum; used warm soapsuds enemas for the bowels, but it was two days before I got an action through. After that he had from 2 to 3 every day. The kidneys acted well all the way through.

For the vomiting I withheld everything from the mouth except warm water, which controlled the trouble very well indeed. After it stopped it did not recur to any extent at any time. I put warm bread poultices over his stomach—the bowels were very tympanitic—but was forced to use morphine and atropine, gr. 1-4 to 1-50, respectively, for the pain.

In ten days the patient was dismissed. He is now up but not strong.

Personally I firmly believe this disease to be a surgical one, but in a country practice where one can't get a surgeon (I mean a surgeon) just when he wants one, I think it best to treat the patient, get him up, and then advise him to go to a surgeon; and this I did. I advised him to go to Fort Worth and there to have Dr. Bacon Saunders operate, but on account of limited finances he has not yet gone.

J. WESLEY NICKSON, M. D.

Alma, I. T.

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#### GOITER AND ITS TREATMENT.

A CLINIC reader asks us to write an article on goiter. Now this is a large subject, and can scarcely be done justice to in the limits of an article of this nature; but as goiter is not by any means uncommon in some parts of the country and as requests for its treatment are not few, we will give the treatment which has proved the most successful in our own experience and that of others.

If the writer of the request has American Alkalometry, Vols. I and II, he will find that this topic has been pretty well thrashed out. On page 447 *et seq.* about everything then known about the subject is given, and the treatment for the exophthalmic variety is given on page 450.

Since then, however, the use of ichthyol has become more perfectly understood, and we also are aware of the wonderful constitutional effect of iodized calcium and Nuclein (W-A). The instructions then given to give "aconite or veratrine enough to bring the pulse down to normal, hydrobromic acid for the headache, and splenic extract two or

Experiments show that the placenta contains a principle that increases the flow of the mother's milk.—*St. Louis Cour. Med.*

The synthetic genius of Osler has correlated into an entity a group of symptoms not before yoked, and we have Osler's Disease.

three times a day, with the application of ice for throbbing thyroid," would be supplemented now by the following: Apply to the part this mixture:

R Ichthyol .....oz. 1  
Iodine .....dr. 1  
Glycerin .....oz. 2  
Boro-glyceride to.....oz. 4 M.

Sig. Apply to the neck and cover with bandage just snug enough to exert even pressure. Keep bandage moist with mixture.

Internally the patient should receive 3 grains of iodized calcium every three hours and Nuclein five drops *t. i. d.* If there is any better treatment (outside of operation) for this difficulty we do not know of it but trust the possessor will give the profession the benefit of his knowledge.

It is necessary to remember that one may have myxedema—an atrophy of the gland; cachexia strumipriva, which occurs only after removal of the thyroid; or goiter proper, which is an enlargement of the thyroid gland characterized by a soft blowing murmur on auscultation, and presenting a soft pulsatile tumor of uniform shape. The pressure on the trachea causes the lumen to become narrowed and triangular in form, resulting in complaints of smothering, especially when the patient assumes the prone position.

The hypertrophy may be either parenchymatous, fibrous or cystic. There may be carcinomatous or sarcomatous involvement though this is not usual.

The exophthalmic form is accompanied by more or less protrusion of the eyeballs, tachycardia, and often the most pronounced nervous symptoms. There is often excessive sweating, with tremor

and violent headache. It is not necessary however that all of these symptoms should be present. There may be exophthalmos and even heart-action, or tachycardia and no protrusion of the eye. If the latter exists the patient will be unable to separate the eyelids widely. There are "hot flashes" similar to those which mark the menopause.

Without attempting to go further into any description of exophthalmic goiter it may be stated that the diagnosis may be easily made if the few facts given are borne in mind.

In all goiter cases the patient needs constitutional treatment—the Triple Arsenates with Nuclein being one of the best tonics available. The exhibition of calcium iodized together with the free application of the iodine and ichthyol compound given above, offers the old iodine treatment in a greatly improved form. The one point to remember is that the use of splenic extract is advisable mainly in exophthalmic goiter.

In the cystic form the diagnosis can be made by passing a hollow needle into the tumor. This should be emptied and stuffed with sterile gauze. Points to bear in mind are that when the growth overlies the carotid it may closely resemble an aneurism, and that at any time a simple goiter may become malignant.

Of all forms the simple hypertrophy of the gland found in young subjects is the most amenable to treatment. That laid down answers admirably.

The dry thyroid substance may also be given here with great advantage. There seems to be a lack of gland secretion and upon this substance being supplied there is often a surprising decrease in the size of growth. Three to five



Tubercular Meningitis: Cases from recent literature encourage the clinician to use every effort to cure.—*St. Louis Cour. Med.*

Enuresis: Nocturnal, in children, give a full dose of atropine or of hyosine hydrobromate at bedtime.



grains of the powder may be given *t. i. d.* or the five-grain tablets now offered by the firms making "organic extracts" may be conveniently dispensed. The treatment may be pushed till the heart-action begins to show undue acceleration when it should be reduced. After the full benefits have been obtained it is well to keep up a daily dose for months.

The injection treatment has given good results in many cases. It consists in injecting 20 minims of a 1 in 12 solution of iodine in absolute alcohol into the goiter. The injections may be repeated twice a week. Look out for trachea and blood-vessels. This treatment does not offer any great advantage over the use of the compound recommended earlier.

In all surgical procedures it should be remembered that a total removal of the thyroid is followed by secondary myxedema, and therefore it is wise to avoid this step unless malignancy or other imperative reason exists.

The technique of the various operative measures can be found in any work on operative surgery but herewith is reproduced an account of the operation as recently done by Olmsted in twelve cases, under infiltration anesthesia:

A bowed incision is made with its convexity downward, across the tumor from the outer surface of one sternomastoid muscle to the other, extending through all the tissues down to the muscles of the neck, and this flap is reflected upward together with the fascia covering the muscles. The muscles are now separated in the median line along the whole length of their course, as well as the outer fibrous capsule of the goiter. If the goiter be very large and sufficient room cannot be obtained by

retracting the separated muscles, their upper attachments may be divided a little on either side of the median line with scissors. This will invariably give room enough, and, after the tumor is removed, they may be stitched back in place. The lateral lobe is now dislocated from its bed by passing the finger in between it and the fibrous capsule. Any veins running between the capsule and the goiter are divided between forceps and carefully ligated. This permits the lobe to be pulled out quite easily, as a rule. By shoving back the capsule from the upper and outer horn of the lobe, the superior thyroid artery may be isolated, doubly ligated and divided. The inferior thyroid artery is now carefully isolated from the recurrent laryngeal nerve and ligated. It is important at this point to get the patient to say "ah," so as to insure the safety of the nerve. The thyroidea ima veins are clamped and divided, the isthmus separated from the trachea with the sound, crushed with clamp and ligated with strong ligature. The clamp will crush a large voluminous isthmus to almost nothing, so that there is practically no danger of hemorrhage from this source. There only remain now a few attachments of the gland at the side of the trachea, and it is as well to leave some glandular tissue here as a protection to the recurrent laryngeal nerve, as otherwise there is a danger of the nerve becoming injured later. All bleeding points having been carefully caught and ligated, the muscles are brought together with interrupted sutures in the median line, and the skin wound closed with subcuticular suture.

Operation in Graves' disease has a marked effect, the hypertrophy of the



**Enuresis:** If atropine fails or if there are worms present, give a course of santonin, with calomel.

**Enuresis:** For the leakage of elderly women or of paralytics give cantharidin gr. 1-5000 every hour till effect.

thyroid seeming to act as a multiplicator of the symptoms and nearly all cases completely recover or show marked improvement.

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#### ADHERENT PLACENTA.

I was called to attend a lady 40 years old, in labor. The third child. The lady I noticed had a peculiar sallow color to her face. Pains were not strong. Gave strychnine arsenate and hyoscyamine after emptying the bowels. I found the os torn in each lateral sulcus, the perineum lacerated.

The child was born in three hours. I had just tied the cord, the father holding the womb, when there was a gush from the vagina that made my hair stand on end. I immediately seized the uterus with my left hand, quickly passed my right into it, following the cord for a guide. I swept my hand around the placenta but could not by strong force start it to separate at any point. I saw that the woman would surely die in a few minutes, so I gave a hypo. of Parke, Davis' Aseptic Ergot, flushed out the vagina with hot water, this doing but little good. I pressed my left thumb hard down on the abdominal aorta which I could feel pulsating; this stopped the hemorrhage. I could not hold out, and whenever an assistant tried the compression the bleeding would recur. The foot of the bed had been raised causing the blood to gravitate to the lady's head, making her a fearful sight. She looked at me and said: "Doctor, will I die?" I said: "No, not so long as I have strength to compress this artery." What to do I did not know, because the lady could not spare another ounce of blood.

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I had a jar of iodoform gauze for packing but I could not let go to use it.

In this predicament I called a doctor whom I did not know, and who told me that he made a specialty of obstetrics. I kept kneading the uterus with whichever hand was not engaged, giving strychnine (I did not think of atropine). And finally I washed my right in a one to 1000 bichloride solution, then filled the palm with turpentine, and thought that the placenta might be loosened; but it was ground fast as the skin on my hand. The turpentine seemed to do more to bring on firm contraction than anything else.

Well, the specialist arrived. (I never say anything about other doctors, but this was my case, and being fresh from college, antiseptic midwifery was fresh in mind.) He washed his hands in soap and water and was going to insert the right, so I told him of the bichloride solution. He said it was hard on the hands and there were no changes. I told him to wash them. He did. He introduced his finger and looked at me as much as to say, now watch me. He tugged and pulled and got nothing; saying that we would wait till morning, thus giving the lady time to regain her strength. He kite-tailed some cotton dipped in boric acid solution and packed the vagina. I protested and insisted on packing the uterine cavity firmly. I refused to take any responsibility.

The next day with a blunt hook and a sharp curette, my help succeeded in tearing away bits of placenta without chloroform, the lady screaming at the top of her voice. After three hours of this excruciating pain the doctor said he had all he could get. I asked for a uterine douche, but he said, just give a

Enuresis: Delicate, strumous children do well on the iodide of iron, a grain a day for a month at a time.

Enuresis: When others fail, and for paralytics, give strychnine till it produces evidences of full action.

vaginal douche and the fluid would get into the uterine cavity. After he left I gave one all the same and kept it up for five days. Two large pieces of placenta came away fetid. Temperature went to 103. Sweat profusely. Kept up the creolin douche and used Crede ointment, intestinal antiseptics, and "fever reducer." The lady made a good recovery.

The peculiarity about the case was the way the placenta had grown fast. It was impossible to dig it at any point. It seemed to be a part of the uterus. I have no criticism to offer other than what I have said about asepsis. The doctor said in all his experience he never saw such a case. The husband and wife gave me credit for what I did.

The second case was that of a lady 43 years old. I was called to attend her in labor. The alarm was false but I found a breech presentation. I tried to perform cephalic version but could not without an anesthetic. Not having any chloroform I went home. In six days I was called again, the waters having broken. There were no pains and the os was not dilated. There being a doctor from the city just across the road visiting, I asked him to do a version while I gave chloroform. The child was easily turned but the doctor thought the delivery should take place to save the child's life. The doctor suggested 20 grains of quinine, which was given. We began to try to dilate the os. No pains could be induced. He suggested that I give a dose of aseptic ergot, which I did hypodermatically. Not a single contraction of muscle fiber of the uterus could be noted. The doctor told the father that we had done everything known to medical science to make the womb contract but had failed. He said there was

something wrong but he did not know what.

Three days from that time, on a dark, rainy night, I was called again. Pains were moderate. Gave strychn. ars. and hyoscyamine, and she got down to business. After an all-night's labor that wore me out completely a boy baby came, red as a beet and squalling like a Comanche. The placenta was ground fast but there was one point of beginning separation. It was finally peeled off completely. The lady having been dressed and made comfortable I was just untying my horse to go, when the husband called to me that the lady was flooding. I got in pretty quick but found instead another placenta, perfectly formed except it had no cord. This is the only case of multiple placenta I ever saw. The lady had eight boys before the last and in every case the placenta had been adherent. For the child before the last there were four doctors in attendance. The lady is a large, strong woman of Canadian parentage. She made a good getting-up.

Will some one write on adherent placenta?

J. M. F.

—, Indiana.

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#### THE KNIFE OR THE GRANULE.

I see that an advanced therapeutic clinic will soon be established at Ravenswood; well, the sooner the better, though it will prove a hardship to its originators.

At Ochsner's clinic, from his demonstrations of skill in surgery, I repeatedly heard remarks like this: "When it comes down to science there is nothing

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Enuresis: The paresis of the sphincter allowing dribbling does well under ergotin, full dosage, watching effects closely.

Enuresis: When the weakness depends on vesical catarrh, give barosmin in small doses continued for some months.

in the practice of medicine to compare with surgery."

Most good surgeons are fair therapeutists and should be good pathologists, that is, of deviations in living structure, not of the dead. A broad and up-to-date knowledge of human physiology keeps a man from operating (for gall-stones for instance) before he has cleaned out a dirty alimentary canal and eliminated the toxins from the patient's blood. There is more science in sound therapeutics than there is in our present advanced surgery.

A prominent druggist on the South Side in Chicago, complains that the present-day doctors prescribe proprietary (he calls them patent) medicines. Why? Because the official preparations are so uncertain. The proprietary article is really more dependable because of a better and more uniform quality. The druggists must, from sheer necessity, for their own profit's sake, espouse the cause of alkalometry before long. The "patent" medicines have the drug-trade "foul." A good profit from the sale of patent medicines is from 15 to 25 per cent. On the other hand, an alkaloidal "home-put-up" preparation would yield from 100 to 400 per cent profit. This is worth the druggists' consideration, surely.

Besides, the druggist must keep in stock as many brands of practically the same preparation as there may be a call for, and this is a serious burden. If the druggists were "onto their job" the association would contribute liberally to your proposed enterprise. I trust that this new departure will have the effect of injecting science where it certainly belongs—into the present therapeutic methods.

We shall hope to see the day when as much credit will be given to the man who cures an organ of the body as is now bestowed upon the surgeon who, without any attempt to save it, cuts it out. "To build up is better than to destroy." But, even so, it is decidedly necessary that the builder should not be a "botch."

JAS. BURKE, M. D.

Sherwood, Wis.

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#### GUNSHOT WOUND.

Patient, boy, age 19. Occupation, "pot hunter." Family, Christian Science. Surroundings filthy. Stench from an uncared for idiot. All parts of house saturated with feces and urine. Flies swarming on all surfaces that admitted standing room.

Shooting accidental while stalking wild geese. Hunter creeping on hands and knees with gun trailing between legs that were covered with felt boots and filthiest of trousers.

Heavily loaded weapon was exploded, tearing away the whole calf of leg making a wound eight inches long and five inches wide. No bleeding took place as wound was packed with fragments of clothing and cauterized by the powder.

The wound was cleared of shot, clothing, and gunwads, all ragged tissue trimmed away, the sore dusted over with boric acid and dressed loosely with iodoform gauze.

As nothing in the house was aseptic but what I carried daily, fears of infection were entertained.

Dressed the case three weeks with the greatest care, using antiseptics preceded by  $H_2O_2$ , always covering with iodoform gauze and fresh bandage.

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Enuresis: For feeble bladder in aged men or women, give rhus till it begins to cause irritation of the bladder.

Enuresis: Scutellarin is useful in cases with irritability of the bladder and lack of restraining power also.

On my last visit the "Scienced" (?) mother requested that I consider my visits at an end. For reasons that I need not explain I readily consented. At this time process of repair was well established.

Three weeks after my being dismissed the patient said that the business of healing was at a standstill.

I do not report this case for a thing unusual but because the surroundings were unusually filthy; worse than anything that I have ever seen in the habitations of Mexicans, or Indians on the Mexican border.

Under the conditions named above one would expect the patient to die of secondary infection in spite of antiseptics.

EUGENE MATHEWSON, M. D.  
Bostonia, California.

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### ICHTHYOL, THE "ITCH" AND A RECTAL CONUNDRUM.

Speaking of erysipelas and its treatment, and that the use of ichthyol is preferable to that of carbolic acid, I would say that though I have never tried the pure acid I should think it would be good. An ointment of ichthyol and vaselin with carbolic acid 15 drops to the ounce applied to strips of cloth thickly and placed over the inflamed area works like a charm. The strong oil of *sassafras* will also work out the salvation of your erysipelatous patients.

I notice what is said in the CLINIC about the "itch." This is caused by filth and the presence of a "bug." Persons of a delicate or thin skin will always suffer more than others. To cure it, take a good strong baking soda and fill the hand with it, add a little water to make

a paste, and rub all over the person at night. Wear the same clothing for nine days, then take warm water, made thick with soda, wash the body off, put on clean clothes entire and have the bed-clothes changed and don't mix with those who have it and you will soon say you are well. Try it and you will never be disappointed.

A man of sixty is a syphilitic of nearly 14 years' standing; has been treated and was apparently well though he has had hemorrhoids all his life. Had small, soft tumors on the margin of his rectum. About twelve years ago the tumors became at times, painful, and would slip down, and he would return them with finger, putting saliva on digit as a lubricant. While at stool one day he clipped one of them with his finger, no blood followed and there was apparently no trouble except smarting and a feeling as though there was a foreign body in the rectum. That was the condition for eight years; now, for two years past, there has been a watery discharge. The tumor is between the rectum and coccyx and burns and itches in an annoying manner. It is now just as it was when he first had the trouble. He is a man of good habits and weighs about 200 pounds. One doctor who examined him passed a probe in the ulcer about three-fourths inch; he said it was a fistula, passed a speculum and said it was "complete."

After trying probe different times he said it was a "sinus." I found it as above stated. Now, whether it is a sinus or a cancer is what bothers me? I have used ichthyol ointment and iodoform; tried Euarol but all do no good. I used thuja and acetanilid, this gave relief for a time then it failed. He is disheartened

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Enuresis: *Anemonin* is specially useful for the gloomy hypochondriac spermatorrheic; gr. 1-134 to 1-32 three times a day.

Enuresis: *Stillingin* has been recommended but we do not know why, or in what cases it is most likely to do good.



and suffering; at times he is almost wild from pain. What can be done for him, I am at a loss to know. Will you tell what it is,—whether cancer or an ulcer that has gotten syphilitic virus into?

J. J. R.

—, Missouri.

—:O:—

It is a question what is wrong with that patient with the rectal trouble. Looks as though he has a fissure running well into the rectum, anus and probably traversing a nerve tendril. We should feel inclined to put this man on hamamelin in pretty full doses, and inject into the rectum after stools and on going to bed two drams of the fluid extract of hamamelis diluted with an equal quantity of water. This should be at body temperature. The hips should be raised and the man remain in that position for at least thirty minutes subsequent to the injection.

A suppository known as the Anusol Suppository, handled by Schering & Glatz of New York, is one of the most effective local remedies for a case of this kind with which we are acquainted. If you don't have success with the hamamelin solution, try the Anusol Suppository. At the same time, Doctor, as a preliminary step dilate that rectum to the fullest extent under surgical anesthesia. Then, if you can, while under the anesthetic, lay open the sinus and curette it thoroughly, packing subsequently with gauze soaked in Euarol. The elastic ligature—technique of which was given in a recent issue of THE SURGICAL CLINIC—might be the thing to use; it depends whether you can find an opening into the rectum. The man's general tone is bad and he needs the

Triple Arsenates with Nuclein in full doses, together with thorough eliminative treatment. Work on that case along these lines, Doctor, and make a reputation. Tell the patient it is a slow business but a sure one.

The tumors may be syphilitic.—Ed.

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#### HOW BROWNING BROUGHT THE BABY.

As you say, we do not "play fair" in reading all and writing none, I will attempt to redeem my honor, as it were, my sending you an account of a case or two.

First: I was called to see Mrs. —. The message read like this: "Obstetrics, bad case, bring instruments." When I arrived I found Drs. Y. and Z. in the parlor awaiting my arrival. They informed me that Dr. X. was called at 9 a. m. on the 10th, who on finding a shoulder presenting called Dr. Z. at six p. m. the same day. The two labored with the woman that night and all the next day, and in the evening wired for me. I arrived at ten p. m. of the 11th. She had then been in labor 37 hours.

The external parts were contused and swollen. I requested one of the doctors present to anesthetize the patient while I scrambled to disinfect my hands. I observed that Dr. Z. had brought along quite an array of instruments, among them being a blunt hook and crotchet. This instrument was all I needed. I took it in one hand and guarding it against injuring the mother with the other I forced the crotchet end of the instrument through the presenting thorax of the dead infant, turned the crotchet slightly so that as it was withdrawn a rib was engaged and severed. This I

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**Enuresis:** The best of remedies is to cure the urethral irritability by injections of Euarol daily for a week.

**Enuresis:** Have the child take light suppers and no drink after them; take it up before retiring and on rising.

repeated two or three times. I then reversed the crotchet and with the hook very quickly and easily removed the stomach and liver which gave room for the fingers of one hand to pass into the uterine cavity, where I found and brought down a little foot. To this a tape was tied and the foot replaced in the uterus, while the other foot was sought, found and brought down and secured. By a slight pull upon the tape the first foot was soon in my hand and the body soon followed. The afterbirth came along with the infant.

The mother was sponged off around the hips and genitals with antiseptics and an antiseptic pad placed between her limbs. A clean nightdress was put on and clean sheets on the bed, and I, after a word of council with the doctors whose case it was, withdrew from the room and the case.

II. Miss E. came to me with this history. Slipped on a nail last March (it was then September) and had not been able to bear any weight on the foot since. She had tried Dr. A. and Dr. B., used liniments and poultices but none seemed to do any good to the foot.

The injured member was swollen and tender; the nail had entered just back of the metatarso-phalangeal joint of the great toe. I advised the father that there was deep-seated trouble and with a long aspirating needle drew away some fluid that had the appearance of syrup. I then made an incision about 2 inches long, extending back from where the nail entered deep into the flesh and found the deeper muscles devitalized. They came away in "chunks" and resembled, most strongly, over-cooked meat—the kind that drops off the bone.

After cleansing the wound I packed

it with antiseptic gauze which was changed daily; the healing process was rapid and complete and the case soon dismissed well.

These cases are not particularly remarkable, and to many not even of interest; but they were interesting to some at the time I can tell you.

ELI BROWNING, M. D.

West Branch, Ohio.

—:o:—

The first case again calls attention to the point we are constantly making, that every man who announces himself ready to attend a woman in labor should perfect himself in the obstetric art to at least a reasonable degree. When Nature herself kindly acts as accoucheur, the doctor present is more ornamental than useful, but when the "old lady" forgets her part, the doctor is supposedly there because able to remedy her deficiency. The removal of a nonviable fetus is not a pleasant piece of work and the good obstetrician will strain his ability to deliver before death, but when he is once assured of the infant's decease he certainly should not have to call on someone else to remove it. If we may form an opinion from Dr. Browning's article, this child could have been delivered alive had the proper steps been taken earlier. It is just such complications the doctor must prepare himself to meet and overcome if he would be worthy the name of obstetrician.—Ed.

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#### **SOME NON-ASEPTIC SURGERY THAT WAS SUCCESSFUL.**

Taking up that very common yet most important lesion, "the common cut,"—relative to the treatment of which the

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**Enuresis:** The discharge occurs in the morning when the bladder is full; have the child aroused early enough to avoid this.

**Enuresis:** The flow occurs only when child lies on back; put a belt on with marble sewn in just over spine.

writer gave his ideas in the last issue of the CLINIC,— the question has arisen whether after all, speaking especially with regard to cuts of the hand and fingers, it is not better to close the wound without attempting to sterilize or asepticize it. Naturally, the first thing the city or college influenced practitioner will say is "of course you must cleanse and make aseptic that cut; not to do so would be malpractice." But would it? Facts are the things which count in surgery and facts as represented by a good many cuts of all sorts and states of severity state exactly the reverse.

At various times during his career of active practice, it has been the fate of the writer to have to treat severe cuts in a most primitive manner. One he especially remembers; it was away in the wildest part of Muskoka, and the nearest human habitation to the hunting shack which represented the "operating room" was a lumberman's shanty seven miles down the river. One of the men split his foot with an axe and the foreman promptly jammed the wound full of "fine cut" chewing (the last there was in the outfit), and tying a piece of rope around the leg high up, put the man on a board on "bob-sleds" and came through the bush to me.

That the task of dressing that cut was pleasurable I have never stated, but before I got through I had learned some few things. First of these was that hemlock bark pounded with the head of an axe to as fine a "mess" as possible makes an excellent hemostatic, and also seems to have fine antiseptic qualities. At least that is all the dressing that split foot got. With a pair of small pocket "splinter forceps" and a piece of trout

line I picked up and tied the vessels which spurted worst, and tried to cleanse the wound but found that I had no possible chance of doing it properly, and so I finally determined to draw the edges as close as I could, put in a few sutures "as were sutures" and dress the wound "in its own blood." I did this, using the pulverized hemlock bark as dressing and a handkerchief boiled in the coffee pot as a bandage.

I had my doubts as to the result, but I was assured that if my work was all right the hemlock bark would do its duty to the "queen's taste."

It did. On the eighth day I moistened the mass and took out the stitches; there was not then, neither was there at any time, the faintest suggestion of pus, inflammation or cedema; the pain also was trivial. The subsequent attention the wound received was practically nothing, beyond the dusting of the line of lesion with boric acid of doubtful purity, and the covering of the foot with a clean rag. The final result was beautiful, I am told. I did not see it.

Now this experience has lately been fortified in three other cases. One was a cut of the wrist with a broken bottle. The boy walked to my office with hand supported in his handkerchief. Three deep stitches were put in and the edges drawn tightly together; the surface—still oozing freely—was dusted with a powder (bismuth-formic-iodide), and a piece of absorbent cotton placed and secured with an inch roller. The stitches were not touched till the tenth day as there was no pain, no discharge and not even discomfort. At that time the hard blood-soaked "wad" was soaked off, the stitches removed and the wound redusted. There is now the slightest scar



Enuresis: Ascarides and oxalic acid may cause irritation; see to these before you begin on the treatment, not after.

Enuresis: May be that some sane children do this from pure cussedness and need switching, but we never saw a case.

imaginable as a sequence to a cut of that sort.

The next case was a severe laceration of the knee. Some of the dirt was of course removed but there were so many little pieces of tissue gone that it was impossible to get apposition or even to attempt any closing of the wound. So, after washing round about the lesion thoroughly, the still bleeding surface was dusted as before and covered with cotton and roller. Results: Complete healing without pain, discharge or untoward symptom, by the thirteenth day.

The next case came along with the tips of two fingers neatly snipped off. The missing part was the extreme tip and a part of the nail of each digit—tissue gone so there was no possible chance of drawing wound together. Dressed as before and covered with cotton and over this placed two thicknesses of carbolized gauze. Never opened this dressing even, till it came off finally in sixteen days. Wounds healed perfectly by granulation.

Query: Does it always pay to wash and "asepticise minor cuts?"

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#### ONE DOCTOR'S OPINIONS.

In reply to "A Very Remarkable Obstetric Case," August number, page 922. The indications for immediate Cesarean operation were absolute. The brother should have saved his reputation and probably both patients by insisting upon the operation; or his reputation at least, by insisting on another doctor to sign the death certificate.

Page 925. "Would castration be in order?" No. Evidently this couple desire a child or children (it was not stated

that the other child lived). Let case go to full term with plans and preparations for another Cesarean operation, and repeat the procedure as often as necessary, provided the parties are made aware of the gravity of the situation and will assume all responsibility.

January 16, 1903, the writer performed a Cesarean section upon a dwarf with e. v. of less than six centimeters. Mother and child doing well. Should she return pregnant (she was warned not to) I should attempt the same operation with little hesitancy although the uterus will probably be adherent to abdominal wall.

The editor should be congratulated upon his happy reply,—the idea of a normal physical standard being made a prerequisite to every marriage.

If it is proper for the state to deprive degenerates and criminals of their offspring and support them at public expense, is it not more fitting for the state to prevent them from having offspring: i. e., examine them before marriage. No license should be granted except upon certificate of good health and sound mind, signed by the family physician or by one appointed at the county expense.

To a few of the author's ideas I must take exception. The young man of to-day is not deprived of the soil, but of his own free will seeks employment in the large commercial centers, for "better wages" so he says, but I believe for a better opportunity of squandering his wages.

The difficulty of gaining a livelihood is the result, not the effect, of increased sexual appetite, freely gratified. I mean to say excessive venery saps the vitality, dulls the intellect, and blunts the finer sensibilities, until the possessor instead of ascending, descends the professional

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Enuresis: The neglect these cases receive is a disgrace to the medical profession. Keep your skirts clear, doctor.

It is best to give a child a couple of whiffs of chloroform before attempting to examine the nose.

or commercial ladder, having lost one good paying position after another until his daily wage scarcely suffices to gratify his passions, let alone his normal needs, and in disgrace he becomes a county charge instead of a taxpayer.

"Harder to obtain paying employment?" Some Wisconsin farmers are offering \$300 per year and board and washing. At such wages there is no reason why any healthy, intelligent young man should not be able to take unto himself a wife in one to two years, for the chances are that if he did the farmer would give him houserent and firewood the very next year—yes, and a good garden plot. "Not one man in twenty able to take a wife?" I believe 19 out of 20 would be able if their wages and energy were preserved for a wife instead of being squandered on fast horses, on the "leg show" where the passions are kindled (not by nature), at the saloon and brothel, where their wage-earning capacity is "burned out" and their wages "blown in."

This matter of not taking a wife (a very serious question for the American nation) is becoming one of compulsion, not one of choice, for the pure, young maidens are refusing marriage because of the hazardous risks involved, instead of being refused on the ground of inability to support them.

I cannot believe the brother in defending "marriage on the installment plan." His earnest appeal to increased study and research on our part in behalf of the pure girl and her future children, stirs my soul to its depths.

It behooves us to do our utmost to preserve our innocent youth, the purity of our young men, the health of our young wives, the sanctity of our Amer-

ican homes. Beware, beware. Snatch these young men from the very jaws of vice and venery. Save the little boys from going into the same forbidden paths.

To prepare young men for marriage by curing permanently all venereal diseases is worthy our best efforts, to train our boys into virtuous young men a far greater boon to womankind.

I impress upon every parent the necessity of personally and persistently guarding her three-year-old boy, that he be not early initiated into the almost universal practice of fondling his penis, and sooner or later, usually sooner, beginning to masturbate. I have been shocked beyond expression in the last few days to learn that several of our little school boys, 8 to 12 years old, were guilty, even some of the kindergarten children, girls and boys, were using that vulgar little word of four letters, meaning the mating of male and female. I spoke of guarding the three-year-old boy—you will hardly believe me when I positively declare that one of these older boys went through the performance in the presence of my own three-year-old boy, who reported to his parents forthwith. I took that boy one side and asked: "Who taught you?" He told me. I asked: "Whom else did he teach?" He told me. I then asked: "Whom have you taught?" He told me. He then promised to stop it at once. I thus learned the victims of this disastrous practice, and if they will not reform after a personal talk I shall feel it my duty to warn the mothers that they may keep their three-year-olds from contamination.

Here is the solution of the venereal disease question. Personal supervision

In a very young or nervous child, before you attempt to pass instruments into the nose, give a whiff of chloroform.

The anesthetic *par excellence* for nasal work among children is bromide of ethyl: it is safe, quick and sure.



of the boy and girl from the cradle to the marriage altar. Look after the adherent prepuces. Encourage athletics. Recommend clean literature, proper food and clothing. Outlaw the "leg show" and exhibition of lewd pictures. So direct the energies that what would otherwise become excessive sexual passion will be expended in acquiring knowledge and building character. Let us as doctors destroy the sexual torches which are kindling so many fires and we will pull fewer burning brands from the fire.

Every public-school teacher should be required to hold a health as well as a teacher's certificate.

A physicians' union is all right. Let the good work go on. But when organized we must not swing away to the other extreme as have some other unions.

Don't forget iodine applies locally in stubborn cases of squamous eczema.

I have purchased Shaller's Guide and am using alkaloids as fast as I can acquaint myself with them.

If this premature alkaloidal bird gets his tail feathers "clipped" just behind his ears, the next one will not get sore but soar higher.

"A WISCONSIN FLEDGLING."

—:O:—

The above letter says so excellently what the writer wanted to say, that it proves most conclusively that those who see and think of what they do see, are smitten with the same horror. That any two persons widely separated, viewing similar conditions from different vantage points, should think exactly the same is unlikely, but the CLINIC correspondent, like the editor, realizes that the present

deplorable state of public immorality may have its genesis in the public schools, and worst truth of all, in the kindergartens.

The public school while it must always remain an indescribable blessing, has its serious faults. Of these the worst is the herding together of all sorts and degrees of children. As in every flock we find some black sheep, so in every public school we will get some indecent children. These are too often the offspring of animal parents and in them we see the coarseness of the adult mixed with the don't-care-ishness of the child. These well-posted youngsters take a personal pride in communicating their knowledge of evil to the innocent, and even the little girls are not always free from using impure language or guiltless of doing indecent acts among themselves. It is a fact that girls from six to ten will do things together—talking about boys the while—which they would not do if one of the latter were present.

This the writer, who has had a large practice among all classes, knows to be a fact, and anyone who has eyes to see and ears to hear can satisfy himself by going into the girl's toilet of any school, that the thoughts of the coming mothers are not strictly "nice."

That a girl or boy can attend a public school and leave it at 14 or 15 without being well versed in sexual matters as generally understood is impossible. It is written on the walls; it is whispered in the class; invitations are given to meet after school; and if one girl or boy hangs back there are ten to push them forward and tease and laugh them into doing wrong. Far from me be it to assert that all our children do wrong. Not for a moment would I think it, but this I do say and



After curetting for adenoids be sure and pass your finger back into the throat and see that everything is gone.

A spur of the septum may be either cartilaginous or bony: be sure which before you try to remove one.

say it only after satisfying myself that it is so, that the beginning of immorality is in the public school and comes about from the intercourse of all grades of little ones.

From the reeking tenement where every other word is an impure one, where the actions of men and women are "unfit for publication," come girls of ten who are already initiated into the mysteries of "love." With them come their partners, boys whose language is so beastly that even men don't care to hear much of it. And thrown with these are our little ones—the pure-minded, innocent little daughter and clean-lipped, clean-habited son. With wide eyes they first hear and then see things which intuitively they know are wrong, and often they come home and wonderingly ask what does — mean?" In vain the mother or father tries to turn the mind away from the subject; childish inquisitiveness is at work and in most instances they themselves ask questions of those "superior, highly-informed" little reprobates who reek of indecency as a saloon does of beer. They are told to do this or that and "not to tell," and alas! they don't tell; that is, not those who could save them.

And so the leprous spot grows. The doctor knows as only the priest in the confessional knows also, that there is a fearful amount of kindergarten immorality going on among the children of to-day. This being the case is it wonderful that the young men and women are not all they should be? Could they, having been impure in thought and word, even though not in action, be clean later?

And where does the fault lie and what is the remedy? The careful observer

knows that if several children are left to play alone and think they are unobserved, some one of the lot will soon start to do something wrong. Natural inclination and a lack of appreciation of the heinousness of the offence causes the others to join in to a greater or less degree, and it is in this way that one child will contaminate a neighborhood.

There can be but one conclusion and that is that if we would stop the present distressing state of affairs from becoming infinitely worse we must begin with the children. Not at ten, not at eight, or at five, but as our correspondent says at three—or earlier. In infancy avoid any irritation of the genitals; if the child shows signs of touching them stop the habit. Attend to cleanliness, correct abnormalities, and as soon as girl or boy can understand, tell them as much as their little minds can digest. Tell them as a matter of course; make things plain, warn them that there are bad children who will say and do nasty things, and according to the nature of the child make it fear, feel ashamed of, or scorn, such things.

Not all children can be taught the same way, but in one way or another a mother or father worth the name can keep their little ones from doing or saying indecent things. This is the key to the situation; but to make the work effective we must have in charge of the children when away at school men and women who are themselves clean-minded and anxious to see others the same. The black sheep of every class can soon be noted and separated, and discipline stern and inexorable should follow promptly on the heels of admonition in their cases.

This subject is, as the writer says, of

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The cause of nasal "spurs" is unsettled: traumatism causes many, others follow suture lines.

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Have you ever discovered that the sufferer from nasal spurs quite often shows other signs of being "rickety"?

terrible import to the nation, and to cure a sore it must be recognized and bared. The doctor, the teacher and the parent, must get together and save the children in order that the men and women to be may be fit to produce in their turn a race which may lead the world.—ED.

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#### ADRENALIN IN THE TREATMENT OF HEMORRHOIDS.

"I have used with great benefit, Adrenalin solution painted over the sur-

face of the hemorrhoidal tumors. It shrinks them remarkably.

W. JOHNSON, M. D.

Frederick, Md.

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We believe that this should be tested thoroughly and therefore publish your communication and ask the "family" to try the solution in various strengths and when the right thing seems to be "hit on" to report.—ED.

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#### SURGICAL QUERIES.

QUERY 596:—"Cephalic tumor." Child, male, age 4 days; has a bilateral cephalic tumor over the parietal bones. Distinct attachment of the scalp between and around them to the deeper tissues. Diagnosis: After palpation—subcutaneous cysts. Preparations were made to open and drain but aspiration before operating proved the contents to be arterial blood, though there was no pulsation apparent in the tumor. Nothing further was done. Has any reader of the CLINIC had or seen a similar case?

F. B., Massachusetts.

The writer had a similar case some years ago in Atlanta, Ga. The precaution of aspiration was unfortunately not taken, but the tumor, which was about the size of a small plum (non-pulsating) was opened, and the spurt of blood that followed was terrific, and was only with difficulty controlled by pressure (pad) and bandage. The child died at 6 o'clock that evening in convulsions. Did it die from the operation, or would it have died anyhow from the convulsion; and was the latter due that evening or was it caused by the incision of the tumor? No postmortem was allowed

and to this day I cannot imagine what caused that child to go "aloft." It was not the hemorrhage.

We hope to hear from the "family" regarding this case of yours.—ED.

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QUERY 597:—"Stomach Tumor." Here is a case for diagnosis: Mrs. C., age 30, farmer's wife and mother of six children, always well until one year ago. Had some vague pains over the chest which disappeared without treatment last February, had an abortion from which she recovered without medical aid. Was fairly well until May when a stallion which they owned got into a field with other horses. Only the woman and a boy were there to get him out, and she was very much frightened. She had been feeling nervous before, and as soon as the horse was caught she felt very weak and had to go to bed where she stayed a week. A month before this she had come to me complaining of vague pains and loss of strength, but a thorough cleaning out of the bowels helped her greatly and she was almost well when frightened by the horse. I was called the second day after the scare and found her with much pain in the

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The spurs which are found on the posterior part of septum are usually of very hard and dense bone.

Sometimes, but not often, it will be found that there are adhesions between a nasal spur and the opposite mucous membrane.

stomach, radiating down into the abdomen which was empty and sunken very much. Heart was rapid and weak, and some nausea was present. The menses came on that night, and a week after I examined the uterus which seemed normal. I did not curette. Since that time she has had almost constant pain in the stomach, which at first radiated into the belly but now goes all through the chest and back. Eating does not influence the pain. A walk of a block or two will bring it on. Appetite is sometimes fair and sometimes very poor; the bowel is regular, also the menses which are too profuse. When she turns over in the bed she feels something which flops over in her stomach, and she can always feel a lump like a ball in the pit of the stomach. She sleeps fairly well. Stooing over sometimes produces violent pain in the stomach. No gas is belched up and she never vomits now, but often feels like it but cannot. Palpation shows a movable lump in the pit of stomach, hard to define. Lungs all right, no tenderness to pressure anywhere but in the stomach. She does not seem to be hysterical but is pale and anemic in appearance; has lost 10 pounds in weight. Her present weight is 130 pounds. Have given the Triple Arsenates and Nuclein and other systemic treatment. A surgical friend sent her away without diagnosing trouble.

W. M. B., Michigan.

The tumor may be gastric, splenic, omental, hepatic, or simply fecal. Your case is a puzzling one to diagnose from description alone. It would seem that there is some growth on the stomach wall, but many of the symptoms point to ulcer. Wash out that viscus and give a Boas test meal, and then examine product. There is undoubtedly a general dyscrasia of the system, and failing to place the main difficulty allow us to suggest the following treatment *pro tem*.



A spur should be removed from the nose only when sufficiently large to set up well-defined symptoms.

Before meals quassin and helenine, four of the first and three of the latter. After meals a Caroid and charcoal tablet, and two Triple Arsenates with Nuclein. Between meals Sanguiferrin one ounce. At bedtime podophyllin  $\frac{1}{3}$  gr., juglandin  $\frac{1}{3}$  gr., and calomel 1 gr. Follow with Saline Laxative one dram in hot water on rising next morning. Give lithia water to drink, fruit juices, meat juices and milk. No starches, no sweets, and no fat or smoked meats. Wash out the bowel every day with a copious enema. Have skin bathed and rubbed well morning and night. This will bring her general condition up to par, unless the gastric trouble is very severe or malignant—an examination of stomach debris by our laboratory will reveal the latter condition if present.—Ed.



QUERY 598:—"Urticaria?" I have a "breaking out" that is most intolerable; it commenced about a week ago, like the common "summer heat" in some places, in others like little boils, though they do not suppurate. This may be the cause—I use Campho-Phenique; but heretofore Campho-Phenique speedily cured the "heat," now, however, it has little effect. I consulted a doctor yesterday but he seemed to think it nothing but heat, and prescribed an ointment of oxide of zinc, carbolic acid and perhaps something else, but on applying it I found no relief, and as it is a greasy preparation I will not use it. Last night I suffered so much that I finally got up and dressed, since then I have not suffered so much. I have never seen the so-called "Cuban itch"—or smallpox as some contend—but this is not like the true smallpox and as there is no affection of my hands or fingers it is only like scabies in that it itches intolerably. It is somewhat relieved by friction. In one place there are two wheals like nettlerash, but they

Perhaps of all instruments for the removal of nasal spurs there is not one which is so useful as the Mial saw.

break out in continuous new crops coming out daily while the old ones fade away. There is no breaking out on my face, hands or wrists, and but little on my neck. When in bed I have to strip off all my clothing and lie perfectly nude. I suffer a great deal if I do not frequently apply Campho-Phenique, which seems to ease it. If the rich man in Hades was any worse off than I am at night he must have been in a terrible state. I have had no fever, my appetite is good, and I am well if it were not for this burning, stinging, itching. I have just examined a friend of mine who is affected as I am. I found on his back spots such as I might call scabies, except there were no vesicles, in fact I never saw such before. There are three of us in the family and all have it but no one else in the community has that I have heard of. There is, however, what is called "Cuban itch" or smallpox in the county. Not any of the family have had any fever and all eat well but are tormented terribly.

F. H. L., Missouri.

This condition of yours may be a species of uricacidemia caused by uric acid retention. Eliminate, using podophyllin and calomel in small often repeated dosage at night, say 1-6 of a grain of each, dose one-half hourly for six doses, and follow in the morning with Saline Laxative. Take this treatment every third night for nine days, and each day take arsenious acid gr. 1-250; iodoform one granule grain 1-67, and xanthoxylin three 1-6 grain granules, every three hours. After each meal take four Sulphur Compound granules. Bathe the skin morning, noon and night with a saturated solution of Epsom salts. Do not expect to be well in two days but do look to be entirely cured of the condition which causes this annoying rash within ten days. If the Epsom salt

solution does not stop the trouble locally use a one to fifty solution of ichthyol. You can wash this off again with warm, mild, soda solution in two hours. At this strength the ichthyol will not stain. On the nights you do not take the podophyllin and calomel take one dram of sweet spirits of niter in one ounce of water just before going to bed.—ED.

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QUERY 599:—"Leucorrhea." I get tired of treating cases and not getting results as promised, and thought you might have something new and better. I have a great many cases of leucorrhea, and do not get the success I would like. I use douches, and antiseptic powders, and tablets, tampons of Ichthyol and glycerin, etc.; and while treatment is kept up all goes well, but after it is stopped they are as bad as ever in a very short time. Sometimes when I think necessary I curette slightly, but I do not get results as I wish. Now, Doctor, if you have any line of treatment or remedies that have given you results, please inform me. I do think these are the most troublesome cases we meet, unless it is gleet. Also give me your treatment for painful menstruation in young girls who suffer severe cramps and pains with scanty flow.

H. B. S., Kansas.

Well, Doctor, here is my treatment for these leucorrhea cases: Apply Euarol on a cotton-wrapped probe to the endometrium. If there is pelvic tenderness and congestion, use the glycerin and ichthyol. If the uterus is soft and boggy, give berberine three or more grains a day, and continue it a month to condense the tissues. Sometimes the pelvic tissues are tender from anemia, the pain being a cry for nutrition, and then I use Sanguiferrin on cotton tam-

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Few if any of the ordinary antiseptic solutions are safe to use in the nasal cavities. Even a 1-5000 bichlor, solution irritates,

Dobell's, or the ordinary saline solution, are the only really safe washes for nasal work; never use an acid.



pons. The W-A Vaginal Antiseptic has been especially used by Dr. Abbott, who also devised some antiseptic depleting suppositories, also astringent suppositories and with this outfit he has been very successful in managing these cases. I place my greatest reliance on the above use of Euarol and berberine. No benefit can be expected, however, if the bowels are not kept clean and aseptic. As to those girls, see that they keep dry and warm when the flow is due, and meet the pains with anemonin, gelsemin and cicutine hydrobromate, a granule each every half to two hours. Keep the bowels free and aseptic, and make the girls rest quietly during the menstrual week.—Ed.

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QUERY 600:—"Abdominal Pain." Farmer, 25, pain in left hypochondrium, near middle of splenic flexure of colon, twice a week; only before breakfast unless after horseback exercise or heavy lifting; very severe for 10 to 15 minutes, no swelling or discoloration, no injury; wakes with feeling of lacking energy; works except for a few hours after the pains. No return since put on laxatives and intestinal antiseptics, which he has taken for a month. Feels better mornings.

I am using several alkaloidal preparations, and am entirely satisfied with them. Have taken the CLINIC five years, and to my sorrow and disadvantage have been too much of a "doubting Thomas."

G. D. R., Kansas.

This man may simply have had impacted or encysted scybala; or there may be gall-stones, and then there would be bile in his urine. Your treatment seems to me well suited to the case. Keep the bowels clear and clean, and if you follow with a course of berberine to con-

tract relaxed intestinal fiber, and dioscorein to keep the liver channels free, it seems to fit the bill.—Ed.

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QUERY 601:—"Orchitis." This case has puzzled several physicians. Three or four years ago this young man was struck on the left testicle; after the great pain eased he resumed work; later his child kicked him in the same place; since then it kept swelling, pained at times, worse on working hard; this summer it was the size of a baby's head, now larger than a man's fist, not painful. He thinks of having it removed. No history of syphilis.

C. B., Wisconsin.

You say this is a young man, and that makes cancer unlikely. I think the trouble is cystic, and that tapping might give relief. It would be preferable to removal of the organ. As a palliative, I would suggest a suspensory bandage and applying a thick coat of Antiphlogistine.—Ed.

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QUERY 602:—"Goiter." Mother 8 children, goiter size of large orange, little trouble; constant sighing, well nourished, good health, four months pregnant, tenderness over cervical vertebra.

J. L. M., Maryland.

Suppose you treat that goiter by applying iodine, and drive it in by galvanism, with your present good treatment.—Ed.

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QUERY 603:—"Bougies for Females." Is there a bougie (medicated gelatin) for the treatment of urethral and bladder troubles in females? If there is a bougie made of this kind I want it. I

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A 1-3000 bichloride solution may be used safely in work about the naso-pharynx: patient spitting out excess.

Never boil a laryngeal mirror unless you particularly want to buy new ones: a formalin solution will sterilize.

have a case in which I think a bougie containing boric acid and cocaine would be an admirable thing. Can't you get me these—unless you have something better?

R. T. H., Missouri.

There is no such bougie made. There is no reason, however, why the Candle (Drainage) Bougie should not be used in disorders of the kind you name. It only needs shortening a little. For uterine work it is all right as it is. In the vagina use three or four together and be sure in female urethral work not to insert more than an inch and a half, taking care to have the projecting core fastened to a napkin or something so that it cannot slip into the bladder. Cocainize any hypersensitive canal at first.—ED.

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QUERY 604:—"Catarrh." Man, 18 years old, six feet two inches tall, weighs 126 pounds. Is complaining three years now, taking one cold after another. When damp weather sets in the throat begins to swell and pain. He also has catarrh of nasal and soft palate. His appetite is good, I might say that it seldom affects his stomach. I have given him cod-liver oil, iodide of iron, hypophosphites, with use of atomizer, but cannot get him to gain strength or weight on that. He is not so susceptible to weather. How would the Triple Arsenates, arsenic iodide, or calcium iodized do? How would all work together and how would you give them? He passes many sleepless nights but I have used no hypnotics.

G. H. B., Pennsylvania.

Better have this boy's sputum examined. Looks like a case of chronic catarrh of the entire mucous track, but at the same time it is probable that there are tuberculous foci present. But even if this is not the case you have probably

some mucous infection to deal with, and it will be just as well to make sure of the condition existing by a thorough laboratory test. Put him on calcium iodized, 3 grains every three hours, and the Triple Arsenates with Nuclein, t. i. d. Give two tablets at a dose, and Sanguiferrin, or Bovinine, or any other of the first-class fluid blood preparations, in teaspoonful doses before eating or with meals. Harden this boy up with chest exercise, sponge the thorax with alcohol, finishing up with a brisk rubbing with a rough towel, and make him practice deep breathing. Take off his flannels and put him in "union" cotton and wool underwear.

Cleanse the mucous membrane of the entire nares with a good antiseptic solution, and insist upon the mouth being washed out and thoroughly gargled twice or three times a day with the same fluid. Let us know how he is in the course of a few weeks.—ED.

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QUERY 605:—"Metrorrhagia." Girl, 18, menstruated at 16, first time normal, next 7 days, never right since; may have had a day or two without bleeding but none since May 31st. Clots frequent, no membranes or strings, very anemic and feeble; treated two weeks at Johns Hopkins, said there was nothing the matter. Slight operation of unknown nature done. Uterus prolapsed, quite large, anteflexed, soft, patulous, spongy, sound passed easily to flexion but no farther, neck and os inflamed, no tubal or ovarian trouble, hemorrhage worse every morning when she rises and remains up till noon; no bleeding in afternoon. Not large enough for 2-year fibroid, may be granular degeneration, surely is areolar hyperplasia, cancer and sarcoma excluded, no odor, never any pain.

J. M., Maryland.

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Use a "personal" set of mirrors on your syphilitic patients and so avoid possibility of infecting others.

All instruments used in nose and throat work must be sterilized as carefully as those for a major operation.

Give that girl apocynin a granule every four hours, increasing the dose to four granules if necessary. Keep her bowels regulated with a morning dose of Saline Laxative. Hold up the womb with a cotton tampon, which should be changed every twelve hours. Cover the tampon with some soothing, mildly astringent ointment such as Unguentine. It would not hurt to apply Euarol to the endometrium on a cotton-wrapped probe, but the internal treatment will cure her. Berberine a grain a day for three months should follow after apocynin has the hemorrhage under control.—Ed.

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QUERY 606:—"Specific Growth?" I have a patient who has a growth about the size of a pea near the penis, over the pubis. It does not seem to be in the tissue; dark brown around the edges. There seems to be serum in it as it is slightly raised above the skin. As soon as I saw it I thought of your Dermal Caustic; do you think it would do? Should I be justified in using it on such a growth?

H. H., Michigan.

That growth is suspicious. Don't quite know what to make of it. We would feel inclined to use Dermal Caustic on it, as it is in a covered part of the body and not likely to be seen. Use very little at a time, cover the surrounding parts with vaselin, and repeat the application of the caustic every third day until the scab dries and falls off. If there is any inflammation attending the treatment, stop.—Ed.

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QUERY 607:—"Glaucoma." Man, 69 years old, has glaucoma of both eyes. The right one is entirely blind and the left almost gone. Would Nuclein be of

any benefit? He has consulted numbers of oculists without any relief.

D. B., Indiana.

We are afraid that Nuclein would be of no benefit whatever in the case of glaucoma. Your patient being 69 years of age, has probably the chronic form, glaucoma being divided into three stages, acute, subacute and chronic. Total blindness not having occurred up to this stage, in left eye, would lead us to believe that the condition there is not as severe as it might be, but I know of no treatment with the exception of iridectomy, which could possibly help in any manner. Eserine or pilocarpine locally may diminish the affection, and these drugs sometimes cure the subacute cases rapidly. We regret that we cannot do more for you.—Ed.

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QUERY 608:—"Bougie for Females." I think that I have read somewhere an advertisement of a bougie (medicated gelatin) for the treatment of bladder and urethral troubles in females. If there is such a bougie made I want it. I have a case in which I think a bougie made of cocaine and boracic acid would be an admirable thing.

R. T. H., Missouri.

There is no bougie of the kind you mention made. There is no reason, however, why the Candle (Drainage) Bougie should not be used in the case of females with gonorrhea. It only needs shortening a little and for uterine work it is all right as it is. Try the No. 1 Candle (Drainage) Bougies and let us know how you get along with your case with the treatment. The bougie does not contain cocaine, but you can cocaine the urethra very easily before inserting the bougie. In the female urethra

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Dip all instruments used in nose and throat examinations into a bowl of 1-100 carbolic solution, and wipe well.

After use, all instruments used in nose and throat examining should be put into a vessel of 1-20 carbolic solution.

do not use more than one and one-half inches of the bougie; even then a portion will penetrate and remain protruding into the bladder cavity.—Ed.

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QUERY 609:—"Bubo." A young man came to me in February asking treatment for gonorrhea. I began treatment with sulphide of calcium internally and gave treatment locally with a solution of permanganate of potassium, through the retrojector. The discharge was arrested in three days and never appeared again. There appeared a swelling in the left inguinal region which suppurated in a very few days and was opened. There never was a sore on the penis. The opening instead of discharging and healing continued to increase in length until it was about  $7\frac{1}{2}$  inches in length and looked as if the skin had cracked open to that length. Before this opening began to heal there appeared another swelling below this about  $1\frac{1}{2}$  inches and proceeded to open itself and split to about the same extent as the first, this split running in and with the crease of the groin. The discharge from this produced abrasion and other splits further down the crease by the side of the testicle. The first opening has not entirely healed, the second to a less degree and the third still less, with about two others in sight or beginning. I kept up the sulphide of calcium for more than two months and in conjunction with this gave protiodide of mercury, the latter of which I am still giving. Locally I have applied the yellow oxide of mercury ointment, mercurial ointment, nitrate silver solution gr. 20 to the ounce, packed with iodoform gauze, dusted in iodoform abundantly, acid boric in powder; hydr. chlor. mitis, bismuth subnitrate and powdered acacia aa. each, dusted on and into openings, and Oxychlorine solution, nothing seeming to have much if any beneficial effect. Please give me your idea of the case and offer any sugges-

tions that you think will be helpful. In a practice of 23 years I have never met anything half so stubborn and annoying. The depth of the openings was more than an inch.

W. L. W., Texas.

You have a phagedenic bubo to deal with. Curette the cavity and pack with gauze soaked in a mixture of iodine and carbolic acid aa. equal parts. This is a case in which you will get good results from Echinacea. Give five drops of the Merrill tincture t. i. d. in water and the Triple Arsenates with Nuclein granules two after each meal. Do not continue the mercury as there seems to be really no need therefor. From your description of the sore it is not specific, the man never having had a chancre but chancroid. You will probably find that after curetting and thoroughly cleaning up the orifices the local use of Bovinine and iodoform will give you better healing than any other method. This man will do very nicely under the use of Syrup Trifolium Comp. after you have lesions under control. Keep it up for several weeks. Gross treated such cases locally with iron and potassa. tartrate, giving it internally also, 30 grams every 4 hours.

If we can serve you further at a later stage of this case do not hesitate to report to us and we will gladly give you any suggestions which may occur to our minds. You ought to have American Alkalometry, Doctor, if you haven't it on your shelves. You will find in this volume pretty nearly any condition which may confront you, described and the treatment laid down.—Ed.

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QUERY 610:—"Syphilis." I find that your plan of treating syphilis about

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At night take all the nose and throat instruments used during the day and put them to sterilize in oven—or boil.

Unless you are quite sure of your own ability, do not attempt to pass a catheter into the eustachian tube.

right. The only objection that I find to it is that it seems complex. If all the granules were put into one pill it would not be so troublesome. As it is it not only mystifies the patient but the physician as well. The way I do it, I put them altogether into a capsule and give at one dose. Please think this idea over.

H. B., Maine.

Your objection to our plan of treating syphilis does not hold, for the simple reason that all "these little granules" you speak of are put into one. You say you consider the medication "just right." It is. If you could see the syphilitics who are now under that treatment you would "think it was all right." The A. A. Co. now makes a specific syphilitic tablet which contains the ingredients mentioned in the CLINIC article, and we assure you that you can look for results within one-half the time consumed under the old treatment.

Give two of these before each meal for the first three weeks, then one before meals and at bedtime for three weeks. If not any sign of trouble give two before meals and at bedtime for another three weeks, and at the end of that time repeat. Keep up elimination with Saline Laxative, attend to the cleanliness of the skin, and prohibit fats, sweets and starchy foods. Have the patient in the outer air as much as possible and take all the exercise he can. You will insist upon special care of the genital organs in the matter of cleanliness. It is just as well to have the man get in the habit of bathing morning and night. You have no idea how beneficial it is in these cases.—Ed.

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QUERY 611:—"Post-Graduate Work." Is there a school in Chicago where I can

get a special course on fractures and dislocations—actual demonstrations?

E. L. M., Missouri.

I think you can get anything you may want at any of the post-graduate schools, excepting modern therapeutics of course. The professors of that department are too much under the thumbs of the surgeons for that.—Ed.

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QUERY 612:—"Ulcer of Leg." I have a bad case of leg ulcer, syphilitic, and wish to try echinacea; please tell me how.

O. F. J., Illinois.

Echinacea is a stimulating antiseptic. Curette away all dead and dying tissue, then apply Merrill's Echinacea on cotton or lint, changing it at least twice a day, and giving due support to the parts at the same time.—Ed.

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QUERY 613:—"Cancer." I want a reliable remedy to eat out a skin cancer; also an internal remedy.

J. W., Ohio.

Try the hypodermic tablets of conduragin, one of which should be injected into the cancer every day, also Dermal Caustic for local application. I doubt the efficacy of any internal treatment except for cancer of the stomach, in which conduragin has undoubtedly proved curative.—Ed.

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QUERY 614:—"Ulcer of Leg." A patient has had a syphilitic leg ulcer for 16 years; five years ago she came to me. I gave an anesthetic and scraped, applied silver, then Unna's dressing, and cured the ulcer. Gave antisyphilitic treatment. She then had a mild typhoid fever, then the ulcer broke out again; has been

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The purulent rhinitis of the new-born yields to H<sub>2</sub> O<sub>2</sub> solution, followed by "Dobell's," thoroughly applied at blood heat.

Quinsy: Good success before suppuration comes from blowing sodium bicarbonate upon the tonsils.—E. H. Ames, Illinois.



treated without success. Now the ulcer extends entirely around the leg; general health good, is passing the change with some disturbance. Is 42, colored.

A. M. H., New Jersey.

I would advise the application of iodoform ointment as long as it is tender, the tissues to be supported by a well-applied flannel bandage. When the soreness has disappeared dress with pure Bovinine or Protonuclein powder. Your former treatment was certainly a good one, but probably she needs the local feeding at present.—Ed.

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QUERY 615:—"Cancer." Where can thuja be procured? In this locality cancers are prevalent, many suffering from cancer of the lower lip—men, smokers.

A. M. H., New Jersey.

The best thuja is made by Lloyd Brothers of Cincinnati. I have a good deal of confidence in conduragin wherever it can be injected into the substances of a cancer.—Ed.

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QUERY 616:—"Deafness." I suffer partial deafness from catarrh, following otitis media, now well; frogs continually singing in my ear; salt baths with strychnine and phosphorus seemed to do it some good.

W. F. W., Texas.

Give careful attention to the throat, with a dose of pilocarpine at bedtime enough to cause slight sweating. Dr. A. W. Ringer of Cincinnati, O., writes me he is fairly aching for cases of catarrhal deafness to cure.—Ed.

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QUERY 617:—"Uterine Prolapse." My wife, 50, true menses ceased ten years ago, but subject to hemorrhages every

two to six months, often so severe as to require the bed for several days. Has been troubled more or less with prolapsus for 20 years, but got hold of a uterine suppository five or six years ago that relieved her almost completely. About a year ago after a month's work in fruit-drying the trouble returned and is worse than ever before, the uterus at times almost protruding from vagina, severe leucorrhea at times. Have failed altogether to get relief. Will you please suggest a plan of treatment? Whose make of mechanical support would you recommend? Where can I get them?

I endorse fully every word you say in the September CLINIC about the saloon. Glad you have taken that stand and hope you will push the matter further.

R. G. C., Indian Territory.

We are afraid that nothing but operation will relieve this case. There are probably rectocele and cystocele present, and the entire vaginal wall is so relaxed that nothing short of radical steps will prove of service; however, we would suggest replacing the uterus and packing of the fornices and vagina with wool tampons saturated with glycerite of tannin. This should be done every second night, after removing the old tampons and douching thoroughly with hot alkaline solution. Internally give macrotin two granules every three hours, hydrastin gr. j every three hours; and for its effect upon the uterus caulophyllin 2 granules morning, noon and night. Keep the bowel freely open with small doses of Saline Laxative often repeated, and if necessary prevent straining at stool by the use of warm enemas. After a six weeks' course of this treatment, apply the regular large ring pessary, making sure that you get a ring large enough to do the work. The stem cup pessary with belt, will hardly work satisfactory, but as you have perhaps tried it you will

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The face in fainting is pale, there is cold sweat on hands and brow, the pulse is weak and breathing quickened.

The best position for a faint person is on the left side with the pelvis and feet slightly raised.

know better than we do; however this may be, it looks very much as though operation were the measure demanded, and we would strongly suggest, Doctor, that you encourage your wife to submit to that at once. If her health is very poor, build her up for a few weeks and then have a good gynecologist attend to her. The comfort she will secure for the balance of her life will well repay the expense, time and trouble. The operation is not a serious one.

Thank you for your endorsement of the CLINIC and our stand in the matter of the saloon.—Ed.

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QUERY 618:—"Breast Tumors." Maid, 28, well made and healthy, yearly attack of dysmenorrhea for 4 years, increasing severity, last 30 minutes; at the last one she noticed tumor in upper outer quadrant of left breast, not painful, slow growth; metastatic tumor in inner upper quadrant of same breast; both movable, not incapsulated, nodular, skin not dimple, nor is nipple to which both tumors point retracted; no axillary, supraclavicular or cervical glands enlarged; no history of cancer or of scrofula; one parotid has remained large since mumps some years ago; blow to breast 14 years ago, probably that now affected.

J. A. D., Texas.

The history does not point to cancer, which is negatized by the multiple tumors and the connection with menstruation. Undoubtedly the primary disease is uterine, and you may find a displacement, or endometritis, or something else; the treatment depending on what you find. I would suggest that the examination be made through the rectum under anesthesia, and that a third party be present. The only remedies I can suggest until the examin-

ation has completed the diagnosis are a can of Saline Laxative, and phytolaccin to stimulate glandular absorption. Let her take a granule every two hours while awake, and push up to full toleration of the drug, and keep it there until 1,000 granules have been taken.—Ed.

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QUERY 619:—"Epistaxis." Girl, 15, for a year, and six months before first menstruation, has bled at nose most distressingly; stopped after first menses till a partial failure occurred; now bleeds so much and so often that parents are uneasy.

L. W. M., Tennessee.

Hydrastine sulphate gr. 1-67 each. Let the girl take five of these before each meal and on going to bed, also granules Anticonstipation, alkaloidal formula, which she can take in the same doses as of the hydrastine. If this acts too much on the bowel let her lessen each dose, still taking the granules in four doses. This should also tend to restore the flow to its natural state. If the girl needs lime, Doctor, add to each dose of the above five granules of calcium lactophosphate. She will require to continue these until 1,000 at least have been taken. It is wise to stop the flow as soon as possible, and I would not hesitate to apply a solution of chromic acid, from one grain to the ounce upwards, to be injected into the nostril whenever the hemorrhage begins.—Ed.

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QUERY 620:—"Orchitis." Man, right testicle enlarged to three times normal size, lanced three times without reducing size.

J. J. H., Colorado.

Give granules of calcium sulphide, 6 before each meal and on going to bed,

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At the first sign of fainting (giddiness and fluttering, with nausea) place patient's head between his legs in stooping posture.

An alcoholic can be partly aroused, face is flushed, eyes red, pupils are equally dilated, lips livid; smell breath.

increasing the dose until his breath commences to smell like the granules when crushed, then lessen the dose a little and keep on. You will have to remove that testicle completely.—ED.

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QUERY 621:—"Cystitis." Boy, 18, tuberculous ancestry, has lost flesh for a year; frequent urination for six weeks, burning pain an inch inside the meatus, urine strongly acid with much debris, evening temp. 99; no benefit from silver injections; improved on guaiacol, methylene-blue and sandal oil.

R. R., Texas.

No tubercle bacilli were found in the specimen, and I am therefore inclined to look upon the case as one of cystitis from some unknown cause. Wash the bladder out with saturated boric acid solution and inject a dram of Euarol

twice a week. Internally give arbutin gr. 1-6 every hour while awake. I have found it a most excellent remedy when given in this way and continued for months.—ED.

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QUERY 622:—"Epithelioma." This case has been diagnosed as epithelioma but I think it is a rodent ulcer. The Dermal Caustic causes intense pain. The patient will not allow the knife or curette. The growth covers a space of four square inches. The odor is gone. Is there any danger in using much of the caustic?

W. A. S., Kansas.

I do not think you can do any harm with the Caustic. Undoubtedly the pain will be relieved by applications of Nirvanin. Between the diagnoses there is little to choose, as rodent ulcer is malignant.—ED.

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### CHIPS FROM OUR NEIGHBORS' WOODPILES.

A St. Louis man took a bath—his first in 20 years—and it killed him in three hours. The first part of the story needs confirmation.

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The main idea the surgeon should be guided by in operations on the feet is to give as much function and support as is possible. Never mind doing a classical operation. Preserve every inch of plantar or palmar flap you can.

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Those gentlemen who have a red nose and yet do not possess an unquenchable thirst may be glad to learn that benzine applied to the erythematous spot without friction will cure the difficulty *cito tuto*

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In poisoning by the stronger acids, bear in mind that you must not give an emetic in any form.

*et jucunde.* The red-nosed and thirsty gentleman will naturally not care whether his nose is red or white as long as he can get his favorite brand of "benzine" to his mouth.

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The President of the American Congress on Tuberculosis, to be held in Washington, D. C., April 4th, 5th and 6th, 1905, announces Dr. Alfred Meyer, of New York City, consulting physician to the Bedford Sanitarium for Consumptives, Chairman of a committee in charge of the section on Sanitarium Treatment of Tuberculosis. It is probable that the climatic, and other methods of treatment will be comprised under the work of this committee.

In nearly all cases of shock, syncope, heart failure of fainting the best first remedy is spts. ammon. aromat.

Don't be in a hurry to use artery forceps in any but severe wounds; bleeding can nearly always be controlled by pressure with pledgets of gauze upon the edges of the wound. This can be attended to by any assistant and the wound is not obscured by a bundle of forceps.

Whenever you take up a probe to explore the recesses of a wound, remember that it is more likely to do harm than good unless you have boiled the probe thoroughly or otherwise disinfected it. There can be no question but that a very large proportion of suppurating wounds are made such by the handling they receive at the hands of the surgeon who treats them primarily.

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Seven Dead in Florida Hurricane.—Jacksonville, Fla., Sept. 14.—No wires are working south of Jacksonville this morning and details of the hurricane which swept across the southern part of the state Saturday are incomplete. So far as known seven people met death, the bodies of five being washed up near Miami, on the east coast, and two near Boynton, on the west side of the state. Passengers arriving this morning on belated trains report that on the east coast many vessels have been wrecked. Above Miami it is reported that seven or eight vessels are ashore.

#### HEAVY DAMAGE AT TAMPA.

The property loss in the city of Tampa is about \$1,000,000. West Tampa was flooded by the rain. No loss of life is reported in Tampa, although several persons were hurt by falling trees.

Much injury has been done to orange groves and gardens and it is feared that the winter homes of northern people have been damaged.—*Chicago News*.

Remember that you can get prompt catharsis in cases where the patient cannot swallow by giving mag. sulph. hypodermically.

About this time the doctors are being asked by their lady patients to give them something with which to remove the crop of summer tan and freckles. If the prescription put out by the ordinary practitioner removes the tan, etc., it is because it is a fluid, and any fluid applied long enough will take off one layer of skin. There are one or two really good tan and mild-degree-of-freckle removers, however, and the best of these is perhaps the combination of two recipes given herewith:

#### SOLUTION NO. I.

℞ Potassium iodide.....dr. 2  
Iodine pure.....gr. 6  
Glycerin .....dr. 3  
Rosewater to.....oz. 4 M.

This has to be made up carefully as follows: Dissolve the iodide of potassium in a small quantity of the infusion and a dram of the glycerin; with this fluid moisten the iodine in a glass mortar and rub down, gradually adding more liquid until complete solution results. Then stir in remainder of ingredients and bottle.

#### SOLUTION NO. II.

℞ Sodium hyposulphite...oz. 1½  
Rosewater .....pt. 1 M.

Apply a little of the solution No. 1 to the tanned surface with a camel's hair brush or fine sponge; a slight brownish-yellow will result. In about twenty minutes moisten a piece of soft gauze or linen with solution No. 2, and lay upon the part, squeeze out, soak afresh and reapply, until the iodine stain has disappeared. Repeat thrice a day unless there is much soreness. In three days to two weeks all the discoloration of skin and freckles will have gone.

Moist heat at 212 F. (boiling) will kill any spores or bacteria in two minutes; it takes 331 F. dry, an hour to do it.

Keep in mind the possibility of appendicitis when called to see a case of stomach-ache.—*Med. Standard.*

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The injection of paraffin has not been altogether the success it was hoped it would prove. In an attempt to correct a "saddle-back" deformity of the nose recently with this substance the result was total blindness from embolism of the central artery of the retina.

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Our Consul-General in Germany tells us that the truffles in *pate de foie gras* are made of finely chopped silk fibers; lobster of cuttle fish or crab meat; while Paris indulges in artificial snails and rooster comb made of hogs' guts. Truffles are made of old gum shoes or leather, while whole truffles are roasted potatoes flavored with ether.—*Med. Standard.*

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There is wrath in Germany because Leininger has obtained permission to have his cure for tuberculosis tried there by two august professors. The wrath is at the idea that America should have the gall to presume she can teach Germany anything about medicine. Our friends are too modest. We are sure Germans are not so dull as that. They are teachable, like the rest of humanity. The trouble is that since the fall of France the big head has prevailed the other side of the Rhine.

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The class at the Illinois Medical College in summer is largely made up of teachers in the public and private schools, who employ their vacations in

studying medicine. The character of the class may be inferred from the following incident: Prof. Waugh lectures to the Seniors from 4 to 5 p. m., and to the Juniors the following hour. Noticing that the classes seemed quite numerous, after calling the roll of the Seniors one day, he called that of the Juniors also; and to his surprise and gratification found every member of both classes in the room. It was found that each class had been attending both lectures. It is a pleasure indeed to teach men who are so earnest in their desire to learn.

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One of the most useful instruments that the modern surgeon can have in his case is the bascule curette. This is an ingenious contrivance for removing foreign bodies from a closed canal or cavity—the urethra for instance. It consists of a hollow tube containing a center rod, to the distal end of which is fastened a curved movable tongue something like one-half of a pair of calipers. This end of the tube is cut away similarly to a quill pen, and when the instrument is to be introduced the curved claw is pulled into the cut-away space and held there firmly. After introduction and when in contact with the foreign body the center rod is pushed and the claw slips under or round the object to be removed, a pull on the rod brings the cure close to the tube opening—the jointed connection being guarded by the shoulder of the tube—and in its grasp is the foreign body. This being assured it is in cases of foreign body in the urethra a good plan to pass a bougie down to the object. Thus the walls of the urethra are kept apart and everything can be withdrawn together.

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The acetate of aluminum in 1-2 per cent solution is one of the best mild astringent antiseptics; non-toxic.

You should learn the uses of aristol; there is nothing to equal it for dusting the line of suture.